

# The Graduated Approach in School

## 6. The Graduated Approach in school

### 6.1. Introduction

This section should be used by school staff supporting children working towards key stages 1 - 4. Schools who take children from age 2 should also use the Early Years section. Due to funding arrangements and eligibility criteria for a number of services, this school section should also be used for young people in school sixth forms (although consideration should also be given to the post-16 'Preparing for Adulthood' section for these young people).

Using the Graduated Approach means recognising that there is a continuum of need and that needs are met through the addition of increasingly specialist interventions as the level of need increases.

In line with The SEND Code of Practice (January 2015), mainstream schools must designate a teacher to be responsible for co-ordinating SEN provision (the SEND Co-ordinator or SENDCO) and must inform parents when they are making special educational provision for a child.

To access specific 'new to post' training for newly appointed SENDCOs please refer to [Lancashire Specialist Teacher Traded Team](#).

### 6.2. What is Quality First Teaching?

QFT originates in the then Department for Children, Schools and Families' guide to personalised learning published in 2008. The key characteristics are summarised as:

- highly focused lesson design with sharp objectives
- high demands of pupil involvement and engagement with their learning
- high levels of interaction for all pupils
- appropriate use of teacher questioning, modelling and explaining
- an emphasis on learning through dialogue, with regular opportunities for pupils to talk both individually and in groups
- an expectation that pupils will accept responsibility for their own learning and work independently
- regular use of encouragement and authentic praise to engage and motivate pupils.

(DCSF, 2008) *Personalised learning – a practical guide* 00844-2008DOM-EN

QFT should be on offer to all students; the inclusion of all in high quality, everyday personalised learning.



### 6.3. The Graduated Approach for Schools

Please click on the links below to take you to the correct section

Broad Category of Need	
<a href="#">Cognition and Learning</a>	Learning difficulties cover a wide range of needs, including: <ul style="list-style-type: none"> <li>• moderate learning difficulties (MLD)</li> <li>• severe learning difficulties (SLD)</li> <li>• profound and multiple learning difficulties (PMLD)</li> <li>• Specific learning difficulties (SpLD) which affect one or more specific aspects of learning, such as; dyslexia, dyscalculia and dyspraxia.</li> </ul>
<a href="#">Communication and Interaction</a>	This includes: <ul style="list-style-type: none"> <li>• Children with speech, language and communication needs (SLCN) who have difficulty in communicating with others.</li> <li>• Autistic children and young people.</li> </ul>
<a href="#">Social Emotional and Mental Health</a>	Children and young people may experience a wide range of social and emotional difficulties, such as: <ul style="list-style-type: none"> <li>• Becoming withdrawn or isolated</li> <li>• Displaying distressed behaviours</li> <li>• anxiety</li> <li>• depression</li> <li>• self-harming</li> <li>• substance misuse</li> <li>• eating disorders</li> <li>• attention deficit disorder (ADD)</li> <li>• attention deficit hyperactive disorder (ADHD)</li> <li>• attachment disorder</li> </ul>
<a href="#">Physical and Sensory – Visual Impairment</a>	
<a href="#">Physical and Sensory – Hearing Impairment</a>	
<a href="#">Physical and Sensory – Multi-Sensory Impairment</a>	
<a href="#">Physical and Sensory – Physical Difficulty</a>	



School - Universal Support		Cognition and Learning
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Practitioners observe that the student has difficulties with:</p> <ul style="list-style-type: none"> <li>• Progressing alongside peers</li> <li>• Understanding new concepts and applying prior learning</li> <li>• Using topic vocabulary</li> <li>• Focusing on set activities for extended periods.</li> <li>• Literacy</li> <li>• Phonics</li> <li>• Numeracy</li> <li>• Note taking</li> <li>• Organising and planning work</li> <li>• Written work in comparison with oral contribution.</li> <li>• Following multi- step instructions</li> <li>• Tiredness due to excessive concentration levels needed</li> <li>• Social and behavioural difficulties arising from low self-esteem and frustration</li> </ul>	<p>Practitioners should:</p> <ul style="list-style-type: none"> <li>• Seek pupil's views on their learning progress, regular self- evaluation.</li> <li>• Contact parents to express concerns.</li> <li>• Set targets and track progress.</li> </ul> <p>Contact previous setting if deemed appropriate.</p> <p>Assessment:</p> <ul style="list-style-type: none"> <li>• Gather any assessment data (tutor assessment) related to area of concern.</li> <li>• Observe young person to see difficulties in a range of contexts and how the difficulty impacts on learning.</li> </ul> <p>Discuss concerns with SENDCO</p> <p>Tutors to implement strategies of support.</p>	<ul style="list-style-type: none"> <li>• Ensure young person can see and hear tutor clearly</li> <li>• Text and print should be easy to see – dyslexia friendly</li> <li>• Learning environment should be calm, uncluttered and well defined areas</li> <li>• Lessons should be differentiated to meet the needs of young people</li> <li>• Extra time should be given for processing information, answering and completing tasks</li> <li>• Use visual aids should as checklists, clear frameworks to support organisation of ideas</li> <li>• Opportunities for overlearning</li> <li>• Pre-teach topic vocabulary and use concept maps</li> <li>• Present new information in small chunks and keep language simple</li> <li>• Use colour highlighting for word patterns, prefixes, suffixes etc.</li> <li>• Introduce new material in a multi-sensory way – show it, listen to it, look at it, hear it, say it, write it</li> <li>• Use technology to support learning e.g. speech to text, typing rather than writing</li> <li>• Use calendars to manage homework tasks and meet deadline</li> <li>• Positive feedback given to celebrate achievements</li> </ul>



School – Targeted Support		Cognition and Learning
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Observe persistent difficulties (even with universal support strategies in place) with the following:</p> <ul style="list-style-type: none"> <li>● Progressing alongside peers.</li> <li>● Attention and concentration span difficulties leading to reluctance to engage with tasks</li> <li>● Organising tasks</li> <li>● Following multi-step instructions</li> <li>● Sequencing information in written work</li> <li>● Remembering and recalling information</li> <li>● Reading</li> <li>● Written work in comparison with oral contribution</li> <li>● Very specific difficulties (e.g. diagnosis of dyspraxia or dyslexia etc.) affecting literacy skills, spatial and perceptual skills and fine and gross motor skill</li> <li>● Social and behavioural difficulties arising from low self-esteem and frustration</li> </ul>	<p>Teachers, SENDCO, pupil and parents discuss difficulties and plan appropriate interventions/strategies to meet identified needs. Ensure the pupil's voice and aspirations are the focus.</p> <p>Encourage child with VI to be their own advocate and understand what their needs and strengths are- celebrate their differences and offer alternative ways of completing learning tasks.</p> <p>Complete a SEND Support Plan: SMART targets are set and evaluated on a regular basis.</p> <p>Record young person as SEND Support on SEND register</p> <p>Teachers to implement targeted strategies of support</p> <p>Are further specialist assessments needed? Seek external advice from appropriate educational agencies such as specialist teacher, Educational Psychologist (EP) (See chapter 14 – EP involvement)</p>	<p>Continue with any relevant strategies from Universal level, plus:</p> <ul style="list-style-type: none"> <li>● staff (teacher/support staff) to facilitate small group interventions and aid learning and organisation within the classroom environment</li> <li>● resources specific to the needs of the young person e.g. personalised task management board, checklists, subject specific vocabulary books</li> <li>● Literacy interventions such as, precision teaching for reading and spelling, cued spelling</li> <li>● Implement strategies recommended from external agencies (e.g. EP)</li> </ul>



Outcomes and individual strategies should be shared with all staff involved (including support staff).

Identify any staff Continuing Professional Development (CPD) that is needed



School – Specialist Support		Cognition and Learning
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Persistent and significant difficulties are observed with the areas within targeted support, even when strategies and SMART interventions have been implemented.</p> <p>See targeted support for list of difficulties</p>	<p><b>See actions from targeted support.</b></p> <p>If EHC Plan is not in place:</p> <p>Review SEND Support Plan (at least termly)</p> <p>Consider a request for EHC needs assessment (see chapter 11 on EHC needs assessments)</p> <p>If EHC Plan is in place:</p> <p>Record young person as having an EHC Plan on SEND register.</p> <p>Continue to plan, do and review against the specified outcomes and provision within the EHCP (breakdown outcomes into smaller steps), support plans should be reviewed at least once a term, annual review held at least once a year.</p> <p>EHCP outcomes and individual strategies should be shared with all staff involved (teachers and support staff). Ensure pupils and parents understand the outcomes and are aware of strategies in place.</p>	<p>Continue with any relevant strategies from Universal and/or Targeted Support levels, plus:</p> <ul style="list-style-type: none"> <li>• Create a personalised curriculum tailored to the young person’s needs (this may require consultation with all professionals involved with the young person)</li> </ul>



School - Universal Support	Communication and Interaction	
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Practitioners observe that the student has difficulties with:</p> <ul style="list-style-type: none"> <li>• Interacting with others; preferring to be alone or unable to sustain friendships</li> <li>• Social situations and respond inappropriately to social cues</li> <li>• Difficulty with receptive and expressive language; Limited vocabulary, not generalising words, limited spoken language, Echolalia, Unusual accent</li> <li>• Attention and concentration skills</li> <li>• Speech pronunciation difficulties</li> <li>• Stammer and/or difficulties getting words out</li> </ul> <p>Sensory processing difficulties related to a Communication and Interaction difficulty e.g. Autism. E.g. Actions such as rocking, stroking, flapping and/or hands over ears, unable to sit still, fidgeting,</p> <p>Social and/or behavioural difficulties arising from low self-esteem, anxiety, frustration, or communication difficulties</p>	<p>Practitioners should:</p> <ul style="list-style-type: none"> <li>• Seek student's views on their learning progress, regular self- evaluation.</li> <li>• Contact parents to express concerns.</li> <li>• Set targets and track progress.</li> </ul> <p>Assessment:</p> <p>Gather any assessment data (tutor assessment) related to area of concern.</p> <p>Observe young person to see difficulties in a range of contexts and how the difficulty impacts on learning.</p> <p>Discuss concerns with SEND Support Team.</p> <p>Tutors to implement strategies of support.</p>	<ul style="list-style-type: none"> <li>• Ensure young person can see and hear teacher clearly</li> <li>• Cue in the young person using their name.</li> <li>• Learning environment should be calm and quiet</li> <li>• Extra time should be given for processing information, answering and completing tasks</li> <li>• Use visual aids should as checklists, clear frameworks to support organisation of ideas</li> <li>• Opportunities for overlearning</li> <li>• Pre-teach topic vocabulary and use concept maps</li> <li>• Present new information in small chunks and keep language simple</li> <li>• Introduce new material in a multi-sensory way – show it, listen to it, look at it, hear it, say it, write it</li> <li>• Use technology to support learning e.g. speech to text, typing rather than writing</li> <li>• Positive feedback given to celebrate achievements</li> <li>• Teach young person to ask for help</li> <li>• Adult to model correct language</li> <li>• React to what the young person says, not how clearly they speak</li> </ul>



School -Targeted Support		Communication and Interaction
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Observe persistent difficulties (even with universal support strategies in place) with the following:</p> <ul style="list-style-type: none"> <li>• Interacting with others; preferring to be alone or unable to sustain friendships</li> <li>• Social situations and respond inappropriately to social cues</li> <li>• Difficulty with receptive and expressive language; Limited vocabulary, not generalising words, limited spoken language, Echolalia, Unusual accent</li> <li>• Attention and concentration skills</li> <li>• Speech pronunciation difficulties</li> <li>• Stammer and/or difficulties getting words out</li> </ul> <p>Sensory processing difficulties related to a Communication and Interaction difficulty e.g. Autism. E.g. Actions such as rocking, stroking, flapping and/or hands over ears, unable to sit still, fidgeting</p> <p>Social and/or behavioural difficulties arising from low self-esteem, anxiety, frustration, or communication difficulties</p>	<p>Tutors, SEND team, young person and parents discuss difficulties and plan appropriate interventions/strategies to meet identified needs. Ensure the young person's voice and aspirations are the focus.</p> <p>Complete a SEND Support Plan.</p> <p>SMART targets set and evaluated on a regular basis.</p> <p>Record young person as SEND Support on SEND register</p> <p>Teachers to implement targeted strategies of support</p> <p>Are further specialist assessments needed?</p> <p>Seek external advice from appropriate educational agencies such as speech and language therapist, specialist teacher, Educational Psychologist (EP) (See chapter 14 – EP involvement)</p> <p>Identify any staff Continuing Professional Development (CPD) that is needed</p>	<p>Continue with any relevant strategies from Universal level, plus:</p> <ul style="list-style-type: none"> <li>• staff (teacher/support staff) to facilitate small group interventions and aid learning and organisation within the classroom environment</li> <li>• resources specific to the needs of the young person e.g. personalised task management board, checklists, subject specific vocabulary books</li> <li>• Implement strategies recommended from external agencies (e.g. Speech and language therapist)</li> <li>• Use social stories and comic strip conversations to aid understanding of social situations</li> <li>• Access to a quiet workstation</li> <li>• Build sensory/movement breaks into the timetable, use ear defenders</li> <li>• Social skills or friendship skills interventions</li> </ul>





School –Specialist Support	Communication and Interaction	
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Persistent and significant difficulties are observed with the areas within targeted support, even when strategies and SMART interventions have been implemented.</p>	<p><b>See actions from targeted support.</b></p> <p>If EHC Plan is not in place:</p> <p>Review SEND Support Plan (at least termly)</p> <p>Consider a request for EHC needs assessment (see chapter 11 on EHC needs assessments)</p> <p>If EHC Plan is in place:</p> <p>Record young person as having an EHC Plan on SEND Register</p> <p>Continue to plan, do and review against the specified outcomes and provision within the EHCP (breakdown outcomes into smaller steps), support plans reviewed at least once a term, annual review held at least once a year.</p>	<p>Continue with any relevant strategies from Universal and/or Targeted Support levels, plus:</p> <p>Follow individual plans from external agencies such as speech and language, occupational therapist, specialist teacher and educational psychologist.</p>



School – Universal Support		Social, Emotional and Mental Health
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Practitioners observe that the student has difficulties with:</p> <ul style="list-style-type: none"> <li>• Following social rules e.g. sharing, turn-taking, challenges adults and peers, gets up out of seat frequently</li> <li>• Maintaining attention to tasks</li> <li>• Task participation e.g. avoids tasks, seeks attention from others</li> <li>• Communicating feelings appropriately</li> <li>• Controlling their emotions e.g. becomes frustrated easily.</li> <li>• With authority</li> <li>• Anxiety and low mood</li> <li>• Resilience to new tasks or tasks perceived to be hard</li> <li>• Low level self-harm</li> <li>• Verbal or physical behaviours directed towards others.</li> <li>• Low or decreasing attendance.</li> </ul>	<p>Practitioners should:</p> <ul style="list-style-type: none"> <li>• Seek student's views on their learning progress, regular self- evaluation.</li> <li>• Contact parents to express concerns.</li> <li>• Set targets and track progress.</li> </ul> <p>Assessment - Gather any assessment data (tutor assessment) related to area of concern e.g. behaviour logs. Observe young person to see difficulties in a range of contexts and how the difficulty impacts on learning.</p> <p>Discuss concerns with SEND Support Team.</p> <p>Tutors to implement strategies of support.</p> <p>Check up on non-attendance – Does the student need more support?</p>	<ul style="list-style-type: none"> <li>• Instructions short and clear. Use visual aids such as checklists.</li> <li>• Include movement breaks.</li> <li>• Complete an anxiety/anger scale with appropriate strategies so that the student knows what to do.</li> <li>• Teach skills such as asking for help.</li> <li>• Use rewards and praise – Tell the student what you want them to do, remind of rules/expectations.</li> <li>• Involve the young person in developing strategies that help them.</li> <li>• Build good relationships with key staff and timetable time for this.</li> </ul>



School – Targeted Support		Social, Emotional and Mental Health
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Observe persistent difficulties (even with universal support strategies in place) with the following:</p> <ul style="list-style-type: none"> <li>• Following social rules e.g. sharing, turn-taking, challenges adults and peers, gets up out of seat frequently</li> <li>• Maintaining attention to tasks</li> <li>• Task participation e.g. avoids tasks, seeks attention from others</li> <li>• Level of disruption</li> <li>• Communicating feelings appropriately</li> <li>• Controlling their emotions e.g. becomes frustrated easily. Emotional responses not seen by their peers</li> <li>• With authority</li> <li>• Anxiety and low mood</li> <li>• Resilience to new tasks or tasks perceived to be hard</li> <li>• Low self-esteem</li> <li>• Self-harm</li> <li>• Verbal or physical behaviours directed towards others which does not cease with de-escalation techniques and/or requires time out from the situation</li> </ul>	<p>Teachers, SEND team, young person and parents discuss difficulties and plan appropriate interventions/strategies to meet identified needs. Ensure the young person's voice and aspirations are the focus.</p> <p>Complete observation and analysis of the frequency of incidents using ABC.</p> <p>Complete a SEND Support Plan review at least termly.</p> <p>SMART targets set and evaluated on a regular basis.</p> <p>Record young person as SEND Support on SEND Register</p> <p>Teachers to implement targeted strategies of support</p> <p>Are further specialist assessments needed? Ensure cognitive assessments have been done to check if there is an unmet need within cognition and learning.</p> <p>Carry out a strengths and difficulty questionnaire (e.g. from <a href="https://www.sdqinfo.org/">https://www.sdqinfo.org/</a>) to strengthen understanding of need.</p>	<p>Continue with any relevant strategies from Universal level, plus:</p> <ul style="list-style-type: none"> <li>• Plan for unstructured times</li> <li>• Daily check in with key adult</li> <li>• Implement individual behaviour management plan</li> <li>• Small group or individual lessons about emotional regulation, social skills, anger management.</li> <li>• Use social stories</li> <li>• Positive reward systems in place</li> </ul>



• Low or decreasing attendance

Seek external advice from appropriate educational agencies such as GP, CAMHS, specialist teacher, Educational Psychologist (EP) (See chapter 14 – EP involvement)

Identify any staff Continuing Professional Development (CPD) that is needed e.g. de-escalation techniques



School – Specialist Support	Social, Emotional and Mental Health	
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
Persistent and significant difficulties are observed with the areas within targeted support, even when strategies and SMART interventions have been implemented.	<p><b>See actions from targeted support.</b></p> <p>If EHC Plan is not in place: Review SEND Support Plan (at least termly) Consider a request for EHC needs assessment (see chapter 11 on EHC needs assessments)</p> <p>If EHC Plan is in place: Record young person as having an EHC Plan on the SEND register Continue to plan, do and review against the specified outcomes and provision within the EHCP (breakdown outcomes into smaller steps), support plans reviewed at least once a term, annual review held at least once a year.</p>	<p>Continue with any relevant strategies from Universal and/or Targeted Support levels, plus</p> <ul style="list-style-type: none"> <li>• Follow individual plans from external agencies such as CAMHS, specialist teacher and Educational Psychologist.</li> </ul>



School – Universal Support	Physical and Sensory – Visual Impairment	
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p><b>A recognised visual impairment and/or an assessed visual deficit, which is not fully corrected by glasses/lenses.</b></p> <p>Practitioners observe that the student has difficulties with:</p> <ul style="list-style-type: none"> <li>• Reduced access to standard print</li> <li>• Holding work books and objects close to eyes</li> <li>• Unusual head postures, squinting, closing one eye</li> <li>• Access to whole class presentations, including interactive whiteboard and information on walls.</li> <li>• Practical activities and demonstrations</li> <li>• Reading their own and teachers writing.</li> <li>• Note taking.</li> <li>• Incidental learning – vocab, general understanding of everyday situations</li> <li>• Standard class computers and tablets- researching information</li> <li>• Mobility and moving around the classroom/school.</li> </ul>	<p>Practitioners should:</p> <ul style="list-style-type: none"> <li>• Seek student's views on their learning progress, regular self- evaluation.</li> <li>• Contact parents to express concerns- if child does not have recognised visual impairment but appears to be having these difficulties- have they seen an optician, does there need to be a GP referral to orthoptist or ophthalmologist.</li> <li>• A child with poor vision in one eye but normal in the other eye (monocular) they will generally not be classed as having VI but some general advice can be sought from a Qualified Teacher for the Visually Impaired (QTVI)</li> <li>• A child with a recognised VI but no EHCP would be entitled to support from QTVI up to 10 hours per year as per the NATSIP Criteria (The National Sensory Impairment Partnership) (QTVI to assess)</li> <li>• QTVI to do Functional Visual Assessment and provide advice about resources that would help, provision and strategies.</li> <li>• Set targets and track progress.</li> </ul>	<p>If a child has a recognised visual impairment and has support from QTVI follow advice from the specialist.</p> <p>Find out about the actual eye condition- they often have specialist websites with specific advice.</p> <p>Strategies that may need to be implemented:</p> <ul style="list-style-type: none"> <li>• Positioning in the classroom</li> <li>• Cue in the young person using their name.</li> <li>• Be aware that VI students may miss out on non-verbal communications and gestures- these should be verbalised and made explicit.</li> <li>• Use of magnifiers and low vision aids</li> <li>• For most children and young people, class or subject teacher will be able to use resources and strategies available in the classroom</li> <li>• Try out different paper or Smartboard colours to try to find best contrast</li> <li>• Dark pens, dark lined exercise books.</li> <li>• Take advice from specialist teacher related to font style and size</li> </ul>



- Clumsiness, tripping over obstacles, bumping into edges of furniture.
- Peer relationships and friendships – understanding personal space
- Organising equipment and resources.
- Tiredness due to excessive concentration needed.
- Completing work in the timescales and keeping up with peers
- Self-esteem and recognising strengths and difficulties- not being the same as peers
- Task avoidance- possibly due to not being able to access information

Assessment -  
 Gather any assessment data (tutor assessment) related to area of concern.  
 Observe young person to see difficulties in a range of contexts and how the difficulty impacts on learning.  
 Seek advice about making a VI friendly school- professional development

Discuss concerns with SENDCO.

- Intersperse short spells of visual activity with less demanding activities
- Eliminate inessential copying from the board
- Where copying is required, ensure appropriate print size photocopy is available
- Use multi-sensory activities when possible- use of objects and real experiences
- Alternative ways of recording work
- Provide occasional use of enlarged copies, as advised (Don't just enlarge everything onto A3 as this may not be appropriate)
- Avoid standing in front of windows – your face becomes difficult to see
- Ensure child or young person has own text or monitor
- Plan and support opportunities for information sharing and liaison between school staff, Specialist teachers, parents, and other agencies, as required
- Provide recommended equipment.



School – Targeted Support		Physical and Sensory – Visual Impairment
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p><b>A recognised visual impairment and/or an assessed visual deficit, which is not fully corrected by glasses/lenses.</b></p> <p>Observe persistent difficulties (even with universal support strategies in place) with the following:</p> <ul style="list-style-type: none"> <li>• Additional to impact at First Concerns: The child or young person has:</li> <li>• A need to type some work in order to access their own work</li> <li>• A need for accessibility settings and/or specialist software to access computers</li> <li>• A need for supervision or support in unfamiliar or hazardous situations</li> <li>• Copying from the board- even when sitting close</li> <li>• Shows signs of poor hand eye co-ordination and over- and under-reaching</li> <li>• Children or young people may tire easily or be easily distracted from precision tasks</li> </ul>	<p>Tutors, SEN team, young person and parents discuss difficulties and plan appropriate interventions/strategies to meet identified needs. Ensure the young person's voice and aspirations are the focus.</p> <p>Encourage child with VI to be their own advocate and understand what their needs and strengths are- celebrate their differences and offer alternative ways of completing learning tasks.</p> <p>Complete a SEN Support Plan. SMART targets set and evaluated on a regular basis.</p> <p>Record young person as SEN Support on SEND register. Ensure that equipment and resources are in place to allow student to access the curriculum- advised by QTVI</p> <p>Are further specialist assessments needed? Do you need Risk assessments /Personal Safety Plan/ Environmental audit</p>	<p>Continue with any relevant strategies from Universal level, plus:</p> <p>Staff (tutor/support staff) to facilitate small group interventions and aid learning and organisation within the classroom environment</p> <p>Resources specific to the needs of the young person e.g. touch typing, large print books, iPad to access distant information at desk-top level (Screen sharing apps) modified worksheets and resources.</p> <p>May need one to one support from TA to help with information access, modifying work, revisiting work to consolidate learning, implement specific strategies linked to developing compensatory skills.</p>





- Move close to items to view them or hold them at an angle
- Adopts a noticeable head tilt or position
- Students struggle to access work without additional support from TA for the majority of their work- to modify and enable access to lesson

Seek external advice from appropriate educational agencies such as specialist teacher, Educational Psychologist (EP) (See chapter 14 – EP involvement)

Identify any staff Continuing Professional Development (CPD) that is needed- Visual awareness training and training on child's specific needs in relation to eye condition.

QTVI to ensure school understand all the medical reports and implications of eye condition.

Students who require additional support from TA for over 75% of curriculum and require modified and differentiated work and alternative resources and technology will require an EHCP.



School – Specialist Support		Physical and Sensory – Visual Impairment
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p><b>A recognised visual impairment and/or an assessed visual deficit, which is not fully corrected by glasses/lenses.</b></p> <p>Persistent and significant difficulties are observed and student has severe or significant visual impairment.</p> <p>See targeted support for list of difficulties.</p> <p>In addition students may have:</p> <ul style="list-style-type: none"> <li>• deteriorating visual impairment</li> <li>• problems with lighting levels</li> <li>• severe peripheral vision loss</li> <li>• colour vision difficulties</li> <li>• Inability to access any visual medium-requiring non-sighted methods of learning.</li> <li>• Only able to access very large print</li> <li>• Difficulties with independent mobility</li> <li>• Socially isolated and struggling with maintaining peer relations</li> </ul>	<p>Follow action from targeted support. In addition:</p> <p>If EHC Plan is in place:</p> <p>Record young person as having an EHC Plan on SEND Register</p> <p>Continue to plan, do and review against the specified outcomes and provision within the EHCP (breakdown outcomes into smaller steps), support plans should be reviewed at least once a term, annual review held at least once a year.</p> <p>Staff to use up to 100% extra time in all test to establish the pupils normal way of working. Modified large print papers and braille papers may be required (QTVI to advise)</p> <p>If EHC Plan is not in place:</p> <p>Review SEN Support Plan (at least termly)</p> <p>Consider a request for EHC needs assessment (see chapter 11 on EHC needs assessments)</p>	<p>Continue with any relevant strategies from Universal and/or Targeted Support levels, plus:</p> <ul style="list-style-type: none"> <li>• Create a personalised curriculum tailored to the young person’s needs (this may require consultation with all professionals involved with the young person)</li> <li>• Seek advice from QTVI and implement strategies as appropriate.</li> <li>• Additional support from specialists such as Habilitation officers for independent mobility and life skills training.</li> </ul> <p>Students may require very specialist and bespoke teaching strategies including:</p> <ul style="list-style-type: none"> <li>• Braille, tactile resources</li> <li>• Alternative and specialist resources and technology to access the curriculum.</li> <li>• Modified and differentiated curriculum</li> <li>• Mobility training</li> <li>• Independent and life skills training</li> </ul>



- Increased input from TA to access curriculum and wider school curriculum.

- Support to develop appropriate social skills



School – Universal Support		Physical and Sensory – Hearing Impairment
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p><b>CYP has:</b>  <b>A diagnosed hearing loss which is confirmed by letter from the audiology clinic. They might wear hearing aids.</b>  <b>OR</b>  <b>They are waiting for assessments from an audiologist/hearing clinic after referral from the GP or school.</b></p> <p>Conductive hearing loss (is not usually permanent) are very common in young children. 8 out of 10 children will experience glue ear before the age of 10 and 1 in 5 pre-school children can have it at any one time. So all staff need to be aware.</p> <p>Practitioners observe that the student has difficulties with:</p> <ul style="list-style-type: none"> <li>• Following instructions</li> <li>• Saying they have understood when they clearly haven't</li> <li>• Missing key points in their learning</li> <li>• Not retaining new vocabulary</li> </ul>	<p>Practitioners should:</p> <ul style="list-style-type: none"> <li>• Speak to the CYP about their views of their learning including what they think is going well and not as well.</li> <li>• Speak to parents to discuss whether they have noticed any difficulties with their hearing at home.</li> <li>• If they already have a hearing loss diagnosed ask when the next routine appointment is and possibly suggest that they get an earlier review.</li> <li>• If child has not got a diagnosed hearing loss then parents should be encouraged to see their GP to get a referral to audiology.</li> </ul> <p>If a child gets a diagnosis from the audiology clinic they will be asked to sign a referral form which will go to the Learner Support Team who will liaise with school. A Teacher of the Deaf (QTOD) will assess their needs using the NATSIP Criteria (The National Sensory Impairment Partnership) They will determine how many visits the CYP will get from The QTOD.</p>	<p>Key staff should become NDCS members and access resources such as deaf-friendly teaching; primary schools and deaf-friendly teaching; secondary schools.            Staff should promote deaf awareness within the classroom using resources such as NDCS Look, Smile, Chat</p> <p>Strategies that may need to be implemented:</p> <ul style="list-style-type: none"> <li>• Good positioning in the classroom so child has sight of the teacher, is near the front of the classroom, is away from external noise sources and can see other children in the class.</li> <li>• Daily checking of <i>child's</i> speech processors/hearing aids/BAHA's and radio aid system by a trained member of staff</li> <li>• Use of visual clues and practical equipment to aid understanding.</li> <li>• Asking the child to repeat back instructions to ensure they have fully grasped what they need to do.</li> </ul>



- Failing to grasp the meaning of new vocabulary
- Difficulties with attention and concentration especially in the presence of background noise
- Limited communication in high noise environments such as the dinner hall
- Speaking more loudly or more quietly than is usual or expected
- Asking for lots of repetition.
- Difficulties in social situations – missing the point or not fully understanding the rules of games.
- Difficulties in maintaining friendships
- Becoming very tired very easily due to listening fatigue

School should request Deaf Awareness Training from a QTOD

- Ensure that you have child's full attention before talking.
- Reiteration of the comments made by others during classroom discussions.
- Differentiated planning/curriculum/outcomes where needed.
- Scaffold support using visual prompts where possible.
- Staff to be aware of the effects of tiredness due to the demands of listening and concentrating and understanding.
- Models of good language applied to any grammatically incorrect comments and incorrect facts.
- Increased use of visual aids and practical equipment to aid understanding.



School – Targeted Support		Physical and Sensory – Hearing Impairment
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>The child or young person:</p> <ul style="list-style-type: none"> <li>● has hearing aids or cochlear implants</li> <li>● is likely to have a personal radio aid system</li> <li>● is unable to access the mainstream curriculum through personal amplification alone within the allowed timescale and at normal teaching pace</li> </ul> <p>In addition, the child or young person may be observed showing persistent and moderate difficulties with the following (even with universal support strategies in place):</p> <ul style="list-style-type: none"> <li>● Perception of some speech sounds</li> <li>● Delayed language development in one or more areas</li> <li>● Accessing linguistic aspects of the curriculum</li> <li>● Requires elements of the curriculum to be differentiated or more heavily supported.</li> <li>● Accessing speech in TV programmes, DVDs and YouTube clips where lip</li> </ul>	<p>Complete a SEND Support Plan. Ensure the young person's voice and aspirations are the focus.</p> <p>SMART targets set and evaluated on a regular basis.</p> <p>QTOD to complete extra assessments to ensure needs are met and progress can be made by the young person</p> <p>Identify any staff that require Continuing Professional Development (CPD) from the QTOD regarding the child's individual needs</p> <p>Ensure key staff know how to complete basic troubleshooting of all audiological equipment. (as advised by the QTOD)</p> <p>Consideration of the listening environment and adaptations which can be made to improve the acoustics.</p>	<p>Continue with any relevant strategies from Universal level, plus:</p> <ul style="list-style-type: none"> <li>● Staff (tutor/support staff) to facilitate small group interventions and aid learning and organisation within the classroom environment</li> <li>● May need one to one support from TA to help with:               <ul style="list-style-type: none"> <li>● revisiting work to consolidate learning,</li> <li>● Ensuring that the pupil understands the next part of the activity and is able to explain it using some of the relevant vocabulary.</li> <li>● notes on a white board to ensure CYP understands the vocabulary (specific vocabulary and carrier language), concepts, and has followed the gist of the lesson</li> </ul> </li> <li>● opportunities to work in quieter environments for some of the day</li> <li>● Some pre and post tutoring for more complex language and technical language</li> <li>● Promotion of deaf identity, confidence and self-esteem</li> </ul>



pattern is not present (e.g. 'hidden narrators' and voiceover)

- Accessing speech where there is competing background noise, including music



School – Specialist Support		Physical and Sensory – Hearing Impairment
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>The child or young person has a diagnosed permanent bilateral hearing loss</p> <p>The child or young person will also have observed persistent and significant difficulties with one or more of the following:</p> <ul style="list-style-type: none"> <li>• Delayed language development</li> <li>• An inability to access the mainstream curriculum through personal amplification alone within the allowed timescale and at normal teaching pace</li> <li>• A requirement for high levels of targeted intervention to facilitate access to a differentiated curriculum</li> <li>• Support with social and emotional aspects of learning</li> <li>• A need for communication support at break times and lunch times</li> <li>• A requirement for alternative modes of communication</li> <li>• Additional learning difficulties and disabilities</li> </ul>	<p>Organise training and advice from QTOD about the bespoke strategies to be used in consideration of hearing loss, listening attention skills and retention of information specific to the individual child.</p> <p>If EHC Plan is in place:</p> <p>Continue to plan, do and review against the specified outcomes and provision within the EHCP (breakdown outcomes into smaller steps), support plans should be reviewed at least once a term, annual review held at least once a year.</p> <p>Staff to use the 25% extra time in all test to establish the pupils normal way of working.</p> <p>If EHC Plan is not in place:</p> <p>Review SEND Support Plan (at least termly)</p> <p>Consider a request for EHC needs assessment</p>	<p>Continue with any relevant strategies from Universal and/or Targeted Support levels, plus:</p> <ul style="list-style-type: none"> <li>• A personalised curriculum may be needed tailored to the young person’s needs (this may require consultation with all professionals involved with the young person) Seek advice from QTOD and implement strategies as appropriate.</li> <li>• Pre and post tutoring sessions on all subjects (where appropriate)</li> <li>• 1:1 interventions on specific language targets as directed by the QTOD or SALT</li> </ul>





- Difficulty establishing friendships with hearing peers
- May need to focus their visual attention for long periods of time (e.g. to watch a signer or lip read)



School – Universal Support	Physical and Sensory – Multi-Sensory Impairment	
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p><b>Multi-sensory Impairment (MSI) or Deafblindness</b></p> <p>MSI is considered to be a unique and separate disability. Even if the student is not totally blind and profoundly deaf they could still be considered to have MSI.</p> <p>When the hearing and vision senses are both affected this can have a significant impact on learning as they are distance senses and the learner cannot compensate as easily as if it were a single sensory impairment.</p> <p>Practitioners observe that the student has difficulties with:            Accessing information- both distant and near information            Communication            Mobility.            Observe difficulties with hearing, vision, touch and how these impact on</p>	<p>Practitioners should:</p> <ul style="list-style-type: none"> <li>● Seek student's views on their learning progress, regular self- evaluation.</li> <li>● Contact parents to express concerns- if child does not have recognised MSI but appears to be having these difficulties- have they seen an optician, does there need to be a GP referral to orthoptist or ophthalmologist/ audiologist</li> <li>● A child with mild VI and mild HI may not require an EHCP but should have an assessment by the QTMSI</li> <li>● They may also need support from QTVI and QTHI</li> <li>● All professionals should work together as multi-disciplinary team to ensure that the child's needs are being met in a holistic plan.</li> <li>● A child with a recognised MSI but no EHCP would be entitled to support from QTMSI for up to 10 hours per year as per the NATSIP Criteria (QTMSI to assess)</li> <li>● QTVI to do Functional Visual Assessment and provide advice about resources that would help, provision and strategies.</li> </ul>	<p>If a child has a recognised multi-sensory impairment and has support from QTMSI/ QTVI/ QTHI follow advice from the specialists. Find out about the actual syndrome or condition- they often have specialist websites with specific advice.</p> <p>Strategies that may need to be implemented:</p> <ul style="list-style-type: none"> <li>● Positioning in the classroom- both for teaching staff and student</li> <li>● Cue in the young person using their name.</li> <li>● Using signs and picture clues- within close proximity and small visual frame</li> <li>● Be aware that MSI students may miss out on non-verbal communications and gestures- these should be verbalised and made explicit.</li> <li>● Use of magnifiers and low vision aids</li> <li>● FM systems, Radio aids and sound field systems</li> <li>● Daily checking of <i>child's</i> speech processors/hearing aids/BAHA's and radio aid system by a trained member of staff</li> </ul>



learning needs: See list of difficulties for VI and HI for impact on learning and also consider the holistic needs of the child. Are there PD difficulties alongside MSI? - see PD section.

How does the learner get about-mobility difficulties

How does the learner communicate? - See communication and Interaction for advice, also HI section.

What is the best route for learning; generally they will have one sensory channel that works better than the other.

- QTHI to do assessment and provide advice about resources that would help, provision and strategies.
- Set targets and track progress.

Assessment -

Gather any assessment data (tutor assessment) related to area of concern.

Observe young person to see difficulties in a range of contexts and how the difficulty impacts on learning.

Seek advice about making a VI and deaf friendly school- professional development

Discuss concerns with SENDCO

- For most children and young people, class or subject teacher will be able to use resources and strategies available in the classroom
- Try out different paper or Smartboard colours to try to find best contrast
- Dark pens, dark lined exercise books.
- Take advice from specialist teacher related to font style and size
- Intersperse short spells of visual activity with less demanding activities
- Eliminate inessential copying from the board
- Where copying is required, ensure appropriate print size photocopy is available
- Use multi-sensory activities when possible- use of objects and real experiences
- Alternative ways of recording work
- Avoid standing in front of windows – your face becomes difficult to see
- Ensure child or young person has own text or monitor
- Staff to be aware of the effects of tiredness due to the demands of listening/looking and concentrating and understanding.
- Models of good language applied to any grammatically incorrect comments and incorrect facts.
- Plan and support opportunities for information sharing and liaison between school staff,



Specialist teachers, parents, and other agencies,  
as required

- Provide recommended equipment.



School – Targeted Support		Physical and Sensory – Multi-Sensory Impairment
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p><b>Multi-sensory Impairment (MSI) or Deafblindness</b></p> <p>Observe persistent difficulties (even with universal support strategies in place) with the following:</p> <ul style="list-style-type: none"> <li>• Additional to impact at First Concerns: The child or young person has:</li> <li>• A need to type some work in order to access their own work</li> <li>• A need for accessibility settings and/or specialist software to access computers</li> <li>• A need for supervision or support in unfamiliar or hazardous situations</li> <li>• Copying from the board- even when sitting close</li> <li>• Shows signs of poor hand eye co-ordination and over- and under-reaching</li> <li>• Children or young people may tire easily or be easily distracted from precision tasks</li> <li>• Move close to items to view them or hold them at an angle</li> </ul>	<p>Teachers, SEN team, young person and parents discuss difficulties and plan appropriate interventions/strategies to meet identified needs. Ensure the young person's voice and aspirations are the focus.</p> <p>Encourage child with MSI to be their own advocate and understand what their needs and strengths are- celebrate their differences and offer alternative ways of completing learning tasks.</p> <p>Complete a SEND Support Plan. SMART targets set and evaluated on a regular basis.</p> <p>Record young person as SEND Support on SEND register</p> <p>Ensure that equipment and resources are in place to allow student to access the curriculum- advised by QTMSI/QTVI/QTHI</p> <p>Are further specialist assessments needed? Do you need Risk assessments /Personal Safety Plan/ Environmental audit</p>	<p>Continue with any relevant strategies from Universal level, plus:</p> <ul style="list-style-type: none"> <li>• Staff (teacher/support staff) to facilitate small group interventions and aid learning and organisation within the classroom environment</li> <li>• Pre and post teaching of vocabulary and curriculum content in relevant and accessible way</li> <li>• Resources specific to the needs of the young person e.g. touch typing, large print books, iPad to access distant information at desk-top level (Screen sharing apps) modified worksheets and resources.</li> <li>• May need one to one support from TA to help with information access, modifying work, revisiting work to consolidate learning, implement specific strategies linked to developing compensatory skills.</li> </ul>



- Adopts a noticeable head tilt or position
- Students struggle to access work without additional support from TA for the majority of their work- to modify and enable access to lesson

Seek external advice from appropriate educational agencies such as specialist teacher, Educational Psychologist (EP) (See chapter 14 – EP involvement)

Identify any staff Continuing Professional Development (CPD) that is needed- Visual and hearing awareness training and training on child's specific needs in relation to eye condition and hearing impairment.

QTMSI to ensure school understand all the medical reports and implications of conditions and syndromes.

Students who require additional support from TA for over 75% of curriculum and require modified and differentiated work and alternative resources and technology will require an EHCP.



School – Specialist Support		Physical and Sensory – Multi-Sensory Impairment	
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?	
<p><b>Multi-sensory Impairment (MSI) or Deafblindness</b></p> <p>Persistent and significant difficulties are observed and student has severe or significant visual impairment and severe to profound hearing impairment.</p> <p>See targeted support for list of difficulties. (VI and HI sections)</p> <p>In addition students may have:</p> <ul style="list-style-type: none"> <li>• deteriorating visual impairment</li> <li>• deteriorating hearing impairment</li> <li>• A requirement for alternative modes of communication</li> <li>• Inability to access any auditory information.</li> <li>• Additional learning difficulties and disabilities</li> <li>• problems with lighting levels</li> <li>• severe peripheral vision loss</li> <li>• colour vision difficulties</li> </ul>	<p>Follow action from targeted support.</p> <p>In addition:</p> <p>If EHC Plan is in place:</p> <p>Record young person as having an EHC Plan on SEND Register</p> <p>Continue to plan, do and review against the specified outcomes and provision within the EHCP (breakdown outcomes into smaller steps), support plans should be reviewed at least once a term, annual review held at least once a year.</p> <p>Does the learner require appropriately trained support staff? - intervener, communication support worker with BSL skills if necessary- at a higher level than the learner.</p> <p>Seek advice from QTMSI about syndromes and difficulties- staff training to understanding learning implications and how to enable student to access curriculum.</p>	<p>Continue with any relevant strategies from Universal and/or Targeted Support levels, plus:</p> <ul style="list-style-type: none"> <li>• Create a personalised curriculum tailored to the young person’s needs (this may require consultation with all professionals involved with the young person)</li> <li>• Seek advice from QTMSI/ QTVI/ QTHI and implement strategies as appropriate.</li> <li>• Seek outside agencies to offer professional advice; SENSE , NDCS, BATOD, RNIB</li> <li>• Seek advice from other professionals such as SLT, OT, Physio</li> <li>• Additional support from specialists such as Habilitation officers for independent mobility and life skills training.</li> </ul> <p>In addition students may require:</p> <ul style="list-style-type: none"> <li>• Braille, tactile resources</li> <li>• Alternative and specialist resources and technology to access the curriculum.</li> <li>• Radio aids, sound field systems</li> </ul>	



- Inability to access any visual medium- requiring non-sighted methods of learning.
- Only able to access very large print
- Difficulties with independent mobility
- Socially isolated and struggling with maintaining peer relations

Increased input from TA to access mainstream curriculum and wider school curriculum.

Child may have complex needs alongside MSI, Physical difficulties, learning difficulties- see these sections for impact on learning, actions and strategies that may be required.

CYP may require additional time and modified examination papers- this should be part of their normal way of working.

If EHC Plan is not in place:

Review SEN Support Plan (at least termly)

Consider a request for EHC needs assessment (see chapter 11 on EHC needs assessments)

Consider if the YP requires a Deafblind Guidance Assessment- carried out by Social Care to ensure the YP is able to access all the services at home, school and in the community that would be available to peers of a similar age.

The guidance would make recommendations about how to support YP to access services.

- BSL, deafblind manual alphabet
- AAC- Augmentative and alternative communication
- Modified and differentiated curriculum
- Mobility training
- Independent and life skills training
- Training in age appropriate social skills





School – Universal Support		Physical and Sensory – Physical Difficulty
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>The physical difficulties may be obvious or they may be more subtle but still affect the pupil's access to learning and responses.</p> <p>Practitioners observe that the pupil has difficulties with:</p> <ul style="list-style-type: none"> <li>• Mobility</li> <li>• Fine and gross motor difficulties</li> <li>• Whole body movements</li> <li>• Moving around objects and people</li> <li>• Difficulties in PE and playground- Catching, throwing, balance, safety.</li> <li>• Hand/ eye co-ordination/ fine motor control</li> <li>• Self-help skills</li> <li>• Working at a slower pace due to fatigue</li> <li>• Completing work in timescales and keeping up with peers</li> <li>• Uses equipment such as sloping board/ pencil grip</li> </ul>	<p>Teachers should:</p> <ul style="list-style-type: none"> <li>• Seek pupil's views on their learning progress, regular self- evaluation in an age appropriate way.</li> <li>• Discuss concerns with parents- if child does not have recognised physical difficulty but appears to be having these difficulties- have they seen their GP, does there need to be a referral to occupational therapy or a GP referral to physiotherapy. Is the child under the care of a paediatrician</li> <li>• Plan and support opportunities for information sharing and liaison between school staff, Specialist teachers, parents, and other agencies, as required</li> <li>• Provide recommended equipment.</li> <li>• Discuss concerns with SENDCO.</li> <li>• Observe young person to see difficulties in a range of contexts and how the difficulty impacts on learning.</li> <li>• Carry out a risk assessment.</li> <li>• Ensure teacher/ TAs have appropriate training</li> </ul>	<p>Strategies that may need to be implemented:</p> <ul style="list-style-type: none"> <li>• If a child has a physical difficulty and has support from a physiotherapist, occupational therapist or specialist teacher, follow advice from the specialist.</li> <li>• Find out about the actual condition- there are often specialist websites with specific advice.</li> <li>• Positioning in the classroom</li> <li>• Consider the child's route to their chair/ coat peg. What obstacles are in the way?</li> <li>• For most children and young people, class or subject teacher will be able to use resources and strategies available in the classroom</li> <li>• Try different pen grips if the pupil has fine motor control difficulties.</li> <li>• Marker pens, wide lined exercise books.</li> <li>• Take advice from occupational therapist or specialist teacher related to seating and height of tables/ chairs.</li> <li>• Intersperse short spells of focused activity with less demanding activities to prevent fatigue.</li> <li>• Eliminate inessential copying from the board</li> <li>• Where copying is required, ensure the pupil has their own copy next to them to copy from as</li> </ul>



some children struggle with the angle of the board in addition to the physical control required to copy.

- The pupil may need to write much larger letters than their peers in order to form the letters.
- Alternative ways of recording work. Consider the use of laptops and iPads plus photographs and video.
- Provide additional resources e.g. sloping board/ pencil grip/scissors.
- Adapt the pace of learning



School – Targeted Support		Physical and Sensory – Physical Difficulty
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Has physical needs and uses specialist aids relating to their disability, e.g. seating</p> <p>Observe persistent difficulties (even with universal support strategies in place) with the following:</p> <ul style="list-style-type: none"> <li>• Motor control – marked fine and gross motor skills delay</li> <li>• Spatial awareness issues- bumps into things, difficulty moving around people and objects.</li> <li>• Fine motor control – hand eye coordination. Difficulty with writing/ cutting</li> <li>• Problems causing difficulties in</li> <li>• throwing, catching, balance in PE – moderately behind peers</li> <li>• Supervision or support needed for medical conditions and self-help skills.</li> <li>• Lack of or slow progress in the curriculum due to physical difficulties.</li> <li>• Difficulties impact on their self-esteem and social relationships</li> </ul>	<p>Teachers, SEND team, young person and parents discuss difficulties and plan appropriate interventions/strategies to meet identified needs. Ensure the young person's voice and aspirations are the focus.</p> <p>Complete a SEN Support Plan.</p> <p>SMART targets set and evaluated on a regular basis.</p> <p>Record young person as SEN Support on SEND register</p> <p>Seek advice from other agencies i.e. physiotherapy, occupational therapy, GP, Paediatrician, specialist medical consultants, specialist nurse, specialist teacher</p> <p>Ensure that equipment and resources are in place to allow pupil to access the curriculum- advised by physiotherapist/occupational therapist/specialist teacher.</p> <p>If moving and handling is involved for any transfers then staff involved need to have attended moving and handling training and have a current certificate.</p> <p>Risk assessments for within the school building and grounds.</p>	<p>Continue with any relevant strategies from Universal level, plus:</p> <ul style="list-style-type: none"> <li>• Staff (teacher/support staff) to facilitate small group interventions and aid learning and organisation within the classroom environment</li> <li>• Ensure that risk assessments and moving and handling plans are in place.</li> <li>• Resources specific to the needs of the young person i.e. ICT programs/ Apps; fine motor control programmes; physiotherapy/ occupational therapy programmes</li> <li>• Will need one to one support from TA to deliver the above support programmes and help with information access and modifying work</li> <li>• TA support in school to include dressing and undressing, and toileting</li> <li>• Consider access arrangements for external tests and exams, and apply for as necessary</li> <li>• Reduce or provide alternative methods of recording written work</li> <li>• Allow additional time to complete tasks</li> </ul>



- Some difficulties in physically accessing the curriculum and practical activities.
- Working at a markedly slower pace due to fatigue
- Poor engagement
- A need for supervision or support in unfamiliar or hazardous situations
- Copying from the board- even when sitting close
- Children or young people may tire easily or be easily distracted from precision tasks
- Students struggle to access work without additional support from TA for the majority of their work- to modify and enable access to lesson

Risk assessments for any trips off site. Moving and Handling assessment and plan. PEEP (Personal Emergency Evacuation Plan) needed

An evacuation chair may be needed and should be identified through the risk assessment. Staff will need to be trained to use it.

Seek external advice from appropriate educational agencies such as specialist teacher, Educational Psychologist (EP) (See chapter 14 – EP involvement)

- Allow child or young person to leave early when travelling between classes to avoid busy corridors and to allow more time to get to next class.
- Provide hand rails on stairs and consider rails (and a step for small children) within toilets or access to disabled toilet
- Ensure child or young person is able to reach and use facilities e.g. hand basins/taps/coat pegs /lockers
- Support may be needed to carry food at lunchtime
- Provide a locker for child or young person to store books etc. rather than needing to carry them around during the day. Ensure the height of the locker is accessible
- Provide option for child or young person to sit on a chair rather than on the floor at carpet time/ assembly.



School – Specialist Support		Physical and Sensory – Physical Difficulty
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Persistent and significant difficulties are observed and student has severe or significant physical difficulties.</p> <p>See targeted support for list of difficulties. In addition students may require:</p> <ul style="list-style-type: none"> <li>• Wheelchair, classroom support chair, standing frame, walking frame, hoist, changing bed and changing room facilities.</li> <li>• May need to be hoisted onto changing bed, from chair to chair, or chair to floor.</li> <li>• Specialist equipment to aid feeding, including peg feeding.</li> <li>• Daily physiotherapy and occupational therapy.</li> <li>• May need specialist speech therapy advice for feeding/ swallowing and/or communication difficulties.</li> <li>• May need specialist nurse advice and training to catheterise.</li> <li>• Alternative and specialist resources and technology to access the curriculum.</li> <li>• Modified and differentiated curriculum</li> </ul>	<p>If EHC Plan is in place:</p> <p>Record young person as having an EHC Plan on Individual Learner Record (ILR)</p> <p>Continue to plan, do and review against the specified outcomes and provision within the EHCP (breakdown outcomes into smaller steps), support plans should be reviewed at least once a term, annual review held at least once a year.</p> <p>If EHC Plan is not in place:</p> <p>Review SEND Support Plan (at least termly)</p> <p>Consider a request for EHC needs assessment (see chapter 11 on EHC needs assessments)</p> <p>Monitor child/ young person's condition and seek advice from specialists involved if their condition deteriorates or there is a marked change. An interim review can be convened if there are concerns that need to be addressed before the next Annual Review.</p>	<p>Continue with any relevant strategies from Universal and/or Targeted Support levels, plus:</p> <ul style="list-style-type: none"> <li>• Create personalised access to the curriculum tailored to the young person's needs (this may require consultation with all professionals involved with the young person)</li> <li>• Seek advice from Specialist PD teacher and implement strategies as appropriate.</li> <li>• Additional support from specialists such as physiotherapist, occupational therapist, specialist nurse, paediatrician, specialist hospital consultants</li> <li>• Make sure that risk assessments, moving and handling plans, PEEP plans and any environmental audits are in place.</li> <li>• Environmental audits are generally carried out before transition to a new setting and should be requested by the SENDO at least one term before transition.</li> </ul>



- Adapted and specialist resources to access lessons at high school.
- Independent and life skills training

- Ensure that staff involved with moving and handling have attended certified training and that certificates are still valid.

