

# **Dixons Kings Academy**

**SEND Academy Offer**

**September 2019**

## **About Dixons Kings Academy**

Dixons Kings Academy is an inclusive school and may offer a range of the following provision to support students with communication and interaction, cognition and learning difficulties, social, emotional and mental health difficulties or sensory / physical needs.

All learners identified as having SEND, who require additional support will, as far as possible, receive the following:

- **Student Profile**
  - This includes targets that are set in collaboration with students, parents and Academy staff. This ensures parental involvement in planning for their child.
- **Accurate communication of the Student Profile**
  - All relevant information is uploaded to the SIMS management system to support quality first teaching in the classroom. Teachers are accountable for the progress of all students.
- **Access Arrangements**
  - Students requiring readers, scribes or extra time have arrangements in place for external examination where this has been assessed and criteria met.

Wave 1 to 3 are part of a graduated approach and movement between each Wave will involve a cyclic process of; Assess-Plan-Do-Review. This is based on the Local Authority's model of Quality First teaching with in class differentiation, SEND Support and SEND Support Plus. If a child has an Education, Health and Care Plan, then the support will be as identified in the plan.

## Cognition and Learning

<b>Moderate Learning Difficulties</b>		
<b>Quality First Teaching</b>	<b>SEND Support</b>	<b>SEND Support Plus</b>
<b>Early Indicators</b>		
<ul style="list-style-type: none"> <li>• Review of academic data after each assessment cycle</li> <li>• Reading Tests standardised scores &lt;90</li> <li>• Y7 SATS Data</li> <li>• Primary school transition information</li> <li>• Attendance &lt;97%</li> </ul>	<ul style="list-style-type: none"> <li>• Staff referrals</li> <li>• Less than expected Academic progress over 2 data cycles in English and Maths</li> <li>• SEND Referrals from staff</li> <li>• Literacy intervention shows little improvement to standardised score</li> <li>• High behaviour data and low academic progress</li> </ul>	<ul style="list-style-type: none"> <li>• CL2R/CL3 Assessments identify multiple standardised scores &lt;85</li> <li>• TALC Assessment</li> <li>• Student not making progress over multiple data cycles in English and Maths</li> <li>• High behaviour data and low academic progress</li> </ul>
<b>Plan</b>		
<ul style="list-style-type: none"> <li>• Assigned key worker</li> <li>• Data reviewed with key worker after each cycle</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment carried out by specialist assessor eg TOMAL, WRAT 4, BPVS with feedback to parents</li> <li>• Referral to Specialist Assessor</li> </ul>	<ul style="list-style-type: none"> <li>• Funded My Support Plan</li> <li>• Personalised Timetable</li> <li>• Student Centred Action Plan</li> </ul>
<b>Intervention</b>		
<ul style="list-style-type: none"> <li>• Phonic Books/Lexia/Reading Plus</li> <li>• McGraw Hill Maths</li> <li>• Small group pre teaching/teaching</li> <li>• Homework Intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Small group /1:1 teaching based on key learning targets</li> <li>• Close monitoring to identify “hotspots” through observation with results used in planning</li> <li>• Daily check in with key worker</li> </ul>	<ul style="list-style-type: none"> <li>• Referral to educational psychology/cognition and learning team</li> <li>• Use of reading pen</li> <li>• Use of assistive technologies in lesson</li> <li>• Life Skills Sessions</li> <li>• Enhanced career advice Post 16</li> <li>• Independent travel training</li> <li>• Dedicated space to store equipment</li> <li>• Access to Step Up as required</li> </ul>

## Social, emotional and mental health

Social, emotional and mental health		
Quality First Teaching	SEND Support	SEND Support Plus
<b>Early Indicators</b>		
<ul style="list-style-type: none"> <li>• Review of academic data after each assessment cycle</li> <li>• Reading Tests</li> <li>• Y7 SATS Data</li> <li>• Primary school transition information</li> <li>• Approx. 10 behaviour logs in one cycle (inc harm to self, answering back, always on task)</li> <li>• 2 x internal isolations</li> <li>• 1 X FTE</li> <li>• Attendance &lt;97%</li> </ul>	<ul style="list-style-type: none"> <li>• Approx. 20 behaviour logs in one cycle (inc harm to self, answering back, always on task)</li> <li>• 3 x internal isolations</li> <li>• 2 X FTE</li> <li>• 1 week placement</li> <li>• Attendance &lt;95%</li> <li>• School nurse referrals</li> </ul>	<ul style="list-style-type: none"> <li>• Approx. 30 behaviour logs in one cycle (inc harm to self, answering back, always on task)</li> <li>• 8 x internal isolations</li> <li>• 3 X FTE</li> <li>• 2 week placement</li> <li>• Attendance &lt;90%</li> <li>• Managed move</li> </ul>
<b>Plan</b>		
<ul style="list-style-type: none"> <li>• Tutor Report</li> <li>• Weekly catch up with form tutor</li> <li>• Line up check in by HoY</li> <li>• Monitoring of attendance and behaviour data</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly review of behaviour data with parent/carer by Key Worker</li> <li>• Added to SEND Register</li> <li>• Re-Integration Meeting includes <i>Student Centred Action Plan</i></li> <li>• 1:1 with Behaviour Inclusion Worker</li> <li>• Assessment carried out by specialist assessor eg TOMAL, WRAT 4, BPVS</li> </ul>	<ul style="list-style-type: none"> <li>• ITAC Meeting</li> <li>• Weekly review of behaviour data with parent/carer by HOY</li> <li>• Funded My Support Plan</li> <li>• Targeted Early Help Referral</li> <li>• Referral to BACS</li> </ul>
<b>Intervention</b>		
<ul style="list-style-type: none"> <li>• Preparation for any change and the need for clear routines so that children feel safe</li> </ul>	<ul style="list-style-type: none"> <li>• Referral to external mentoring programme for 6 week 1:1 mentoring</li> </ul>	<ul style="list-style-type: none"> <li>• Risk assessments</li> <li>• Consideration for SEMH Referral</li> <li>• Have classroom support from an LSA member of staff</li> </ul>

<ul style="list-style-type: none"> <li>• Extended transitions</li> <li>• Student buddy</li> <li>• 1:1 with Behaviour Inclusion Worker</li> </ul>	<ul style="list-style-type: none"> <li>• Small group /1:1 teaching based on key learning targets</li> <li>• Close monitoring to identify “hotspots” through observation with results used in planning</li> <li>• Daily check in with key worker</li> <li>• Referral to academy counsellor</li> <li>• Wellbeing intervention with Life Skills Champion: Wellbeing</li> <li>• School nurse intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Referral to DKA Counsellor</li> <li>• Referral to multi agency team – CAMHS, etc</li> <li>• Short term placement</li> </ul>
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## Sensory and Physical

Hearing Impairment		
Quality First Teaching	SEND Support	SEND Support Plus
<b>Early Indicators</b>		
<ul style="list-style-type: none"> <li>• Staff referrals</li> <li>• Transition data</li> <li>• Feedback from Wellbeing Team</li> <li>• Parent/student concerns</li> </ul>		
<b>Plan</b>		
<ul style="list-style-type: none"> <li>• Assigned key worker</li> <li>• Data reviewed with key worker after each cycle</li> <li>• Minimise external noise.</li> <li>• Seating plan adjustments to optimise communication opportunities i.e. sit with a supportive peer</li> </ul>	<ul style="list-style-type: none"> <li>• Referral to QTHI for Functional Hearing Assessment with written report</li> <li>• QTHI School Visit</li> <li>• QTHI Annual written report</li> <li>• Staff training on use of Radio Aid</li> <li>• Student profile suggest appropriate teaching strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Referral to SaLT</li> <li>• Use of Radio Aid monitored by QTHI</li> <li>• Staff training on specific hearing loss needs by QTHI</li> <li>• Funded My Support Plan</li> <li>• Personalised Timetable</li> <li>• Student Centred Action Plan</li> </ul>
<b>Intervention</b>		
<ul style="list-style-type: none"> <li>• Teacher positioning and movement in and around the classroom.</li> <li>• Referral to school nurse where appropriate.</li> <li>• Personal Emergency Evacuation Plan and Risk Assessment to be put in place as necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Access to specialist resources/technology supplied in the first instance by Education Bradford and co-ordinated by Inclusion administration</li> <li>• Regular review of need carried out by Education Bradford Hearing Specialists.</li> <li>• More frequent review of the Student Profile.</li> <li>• Specialist training for named support staff to inform and oversee strategies.</li> <li>• Additional time and advance prompting, in order to allow for communication need.</li> <li>• Opportunities for paired and group work with the aim of building confidence.</li> </ul>	<p>Hearing Impairment Specialist on referral will:</p> <ul style="list-style-type: none"> <li>• Contact family</li> <li>• Visit school:               <ul style="list-style-type: none"> <li>Observe pupil in class</li> <li>Speak to pupil</li> <li>Speech discrimination</li> <li>Gather data on progress</li> <li>Advise staff (class teacher / SENDCO)</li> </ul> </li> <li>• Written report circulated to school, family, hospital</li> <li>• Annual electroacoustic hearing aid checks</li> <li>• Monitoring visit to speak to pupil/SENDCO</li> <li>• Issue and monitor radio aid</li> </ul>

Visual Impairment		
Quality First Teaching	SEND Support	SEND Support Plus
<b>Early Indicators</b>		
<ul style="list-style-type: none"> <li>• Screwing up eyes</li> <li>• Short periods of concentration</li> <li>• Read books at close distance</li> <li>• May make frequent copying mistakes</li> <li>• Slow work rate</li> <li>• Poor hand eye co-ordination</li> </ul>		
<b>Plan</b>		
<ul style="list-style-type: none"> <li>• Assigned key worker</li> <li>• Data reviewed with key worker after each cycle</li> <li>• Seating plan adjustments to optimise clarity of the board</li> <li>• All teaching materials produced in size 12</li> </ul>	<ul style="list-style-type: none"> <li>• Referral to QTHI for Functional Hearing Assessment with written report</li> <li>• QTHI School Visit</li> <li>• QTHI Annual written report</li> <li>• All teaching materials produced in <b>size 14</b></li> </ul>	<ul style="list-style-type: none"> <li>• Personalised Timetable</li> <li>• Up to 6hrs QTVI support</li> <li>• Additional adult support for homework, etc</li> <li>• All teaching materials produced in <b>size 18</b></li> </ul>
<b>Intervention</b>		
<ul style="list-style-type: none"> <li>• Teacher positioning and movement in and around the classroom.</li> <li>• Referral to school nurse where appropriate.</li> <li>• Personal Emergency Evacuation Plan and Risk Assessment to be put in place as necessary</li> <li>• Referral to QTVI for Functional Vision Assessment if concerns continue</li> </ul>	<ul style="list-style-type: none"> <li>• Teachers verbalise content of the board</li> <li>• Large print materials</li> <li>• Audio books</li> </ul>	<ul style="list-style-type: none"> <li>• Laptop</li> <li>• Use of cloud storage</li> <li>• Modification of resources to support a quicker rate of work</li> <li>• Access to Student Wellbeing Champion</li> <li>• Advice from VI Technology Team</li> </ul>

Physical and Medical		
Quality First Teaching	SEND Support	SEND Support Plus
<b>Early Indicators</b>		
<ul style="list-style-type: none"> <li>• Some mild problems with fine motor skills and recording.</li> <li>• Mild problems with self-help and independence.</li> <li>• Some problems with gross motor</li> <li>• some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment.</li> <li>• May have continence/ toileting issues skills and co-ordination often seen in PE.</li> <li>• Possible low levels of self-esteem.</li> <li>• May have medical condition that impacts on time in school and may require a medical care plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Continuing mild to moderate problems with hand / eye coordination, fine / gross motor skills and recording, impacting on access to curriculum.</li> <li>• Making slow or little progress despite provision of targeted teaching approaches.</li> <li>• May have continuing difficulties with continence/ toileting</li> <li>• May have continuing problems with self-esteem and peer relationships.</li> <li>• Continuing problems with self-help and independence.</li> <li>• Continuing problems with gross motor skills and co-ordination often seen in PE.</li> <li>• Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment.</li> <li>• May have medical condition that impacts on time in school and may require a medical care plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate or persistent gross and / or fine motor difficulties</li> <li>• Recording and / or mobility now impacting more on access to the curriculum.</li> <li>• May need specialist input to comply with health and safety legislation; e.g. to access learning in the classroom, for personal care needs, at break and lunch times.</li> <li>• Increased dependence on mobility aids ie wheelchair or walking aid.</li> <li>• Increased use of alternative methods for extended recording e.g. scribe, ICT,</li> </ul>
<b>Plan</b>		
<ul style="list-style-type: none"> <li>• Assigned key worker</li> <li>• Data reviewed with key worker after each cycle</li> <li>• Referral to school nurse to check hearing, sight or for possible medical condition.</li> </ul>	<ul style="list-style-type: none"> <li>• Normal curriculum planning including group or individual targets.</li> <li>• Care plan in place, if appropriate, written with specialist nurse/ school nurse.</li> <li>• Alternative ways of recording to minimise handwriting.</li> </ul>	<ul style="list-style-type: none"> <li>• Individual targets on Student Profile following advice from Physical &amp; Medical Team and health professionals.</li> <li>• Modified planning for PE/outdoor play curriculum is likely to be needed.</li> </ul>



Intervention		
<ul style="list-style-type: none"> <li>• Some differentiation to PE curriculum if appropriate.</li> <li>• Access to appropriate ICT provision i.e. accessibility options on Windows</li> <li>• Staff awareness training of relevant medical conditions on a 'needs to know' basis.</li> <li>• Follow school handwriting scheme with slight modifications</li> <li>• Flexible use of resources and staffing available in the classroom; recording work, accessing text, pre-teaching vocabulary, modifying teacher talk, modelling responses, focussing listening and attention.</li> <li>• Main provision by class subject teacher with some age appropriate programmes delivered one to one or in small groups.</li> <li>• Input may be needed from health professionals via SENCO e.g. specialist nurse/ school nurse.</li> </ul>	<ul style="list-style-type: none"> <li>• Main provision from class teacher or subject specialist with support from SENCO.</li> <li>• Occasional input from additional adult to provide targeted support under the direction of teacher.</li> <li>• Minimal support/ supervision may be needed to meet hygiene needs and / or outside play and at lunch time</li> <li>• Advice may be sought from Health Professionals e.g. Physiotherapist, Occupational Therapist.</li> <li>• Staff awareness training of relevant medical conditions on a 'needs to know' basis.</li> <li>• Quality First Teaching</li> <li>• Some differentiation to PE curriculum.</li> <li>• Opportunities to practice dressing and undressing skills</li> <li>• Access to appropriate ICT provision.</li> <li>• Differentiated writing materials and equipment.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Main provision from class teacher or subject specialist with support from SENCO and/or Physical &amp; Medical Team</b></li> <li>• Quality First Teaching</li> <li>• Programme to support the development of handwriting skills as advised by Physical &amp; Medical Team.</li> <li>• Differentiated writing materials and equipment</li> </ul>

## **Communication and Interaction (inc ASD) Indicators**

### **Communication and Reciprocal Social Interaction (Social Affect)**

- Difficulties recognising that they are part of a class, group or wider social situation.
- Social situations present challenges resulting in emotional outbursts, withdrawal, social vulnerability and/or isolation.
- Poor empathy, imagination and play skills which affects social understanding and impacts on learning in subjects such as English and RE
- Unusual eye gaze or eye contact. Facial expressions may be limited or reduced in Wave. May not use or understand non-verbal communication.
- Difficulties with understanding spoken language or difficulties expressing their own wishes and feelings (expressive and receptive needs). Speech may be delayed or unusual and may have an odd intonation pattern with immediate or delayed repetition (echolalia)
- Literal Interpretations of language and learning with poor understanding of abstract language. Higher order language skills may be impaired, e.g. understanding and use of metaphor, inference and emotional language.
- Issues with interpreting and understanding whole class instructions and general information
- Difficulties with the concept of time and sequencing of events significantly affect everyday activities.
- Difficulties with personal space. May invade others space or find close group work difficult
- Little awareness of danger in comparison to children of their age. May 'run' or 'climb' with no regard to hazards. May be unaware of hurting others.
- May have coping strategies that enable successful social interaction with peers. At times of stress or anxiety, however, responses will be unusual and socially awkward.

### **Restricted and Repetitive Behaviours**

- Anxiety to even small unplanned changes in the environment or learning tasks leading to reactions of outbursts or withdrawal
- Unusual or different behaviours or obsessions with everyday objects, people or toys. This can lead to difficulties with finishing desired activities. May display an intense interest in a topic that is explored with a high level of frequency and/or inappropriateness to context or audience.
- Difficulties managing transition between different environments or tasks. Routine and visual structure supports these issues.
- Inability to maintain focus and concentration age appropriately. May be easily distracted or may not switch attention easily.
- Inconsistent patterns of behaviour across a spectrum from challenging or impulsive to extreme passivity.

### **Sensory Differences**

- Unusual over or under responsiveness to sensory stimuli e.g. touch or noise which may affect access to everyday events or activities e.g. dining halls. May show signs of delayed hand/eye co-ordination and/or fine/gross motor skills or display unusual body movements such as flapping, toe walking, tics or unusual posturing. May eat inedible objects 'pica'
- May display unusual sensory responses to the environment at times of heightened stress. This may present as anxiety.

Communication and Interaction (including ASD)		
Quality First Teaching	SEND Support	SEND Support Plus
<b>Early Indicators</b>		
<p><b>Consider whether the following statement describes how the C/YP is affected within school:</b></p> <p><i>Student at Wave 1 will have communication and interaction needs identified by the Wave descriptors on page 3 of this document that <b>may affect their access</b> to some aspects of the National Curriculum, including the social emotional curriculum and school life.</i></p> <p><b>If this statement accurately describes your child or young person use the advice given in Wave 1. If not you will need to consider descriptors for other levels.</b></p>	<p><b>Consider whether the following statement describes how the C/YP is affected within school:</b></p> <p><i>Student at Wave 2 will have communication and interaction needs identified by the Wave descriptors on page 3 of this document that <b>affect access</b> to a number of aspects of the National Curriculum, including the social emotional curriculum and school life.</i></p> <p><b>If this statement accurately describes your child or young person use the advice given in Wave 2. If not you will need to consider descriptors for other levels.</b></p>	<p><b>Consider whether the following statement describes how the C/YP is affected within school:</b></p> <p><i>Student at Wave 3 will have communication and interaction needs identified by the Wave descriptors on page 3 of this document that <b>will significantly affect their access</b> to the National Curriculum, including the social emotional curriculum and all aspects of school life. <b>This is especially true in new and unfamiliar contexts.</b></i></p> <p><b>If this statement accurately describes your child or young person use the advice given in Wave 3. If not you will need to consider descriptors for other levels.</b></p>
<b>Plan</b>		
<ul style="list-style-type: none"> <li>Curriculum plans should include individual/group targets</li> <li>Family may be involved regularly and support targets at home provided</li> <li>Pupil will be involved in setting and monitoring his targets, where appropriate</li> <li>Information around specific student will shared with staff in setting at pupil progress meetings</li> </ul>	<ul style="list-style-type: none"> <li>Could also include other assessments relating to need, e.g. <a href="#">sensory profile</a>, advice from SALT or OT advice (where applicable)</li> <li>Curriculum plans will reflect levels of achievement and include individually focused targets, especially in the area of Speech and Language and PSHCE</li> </ul>	<ul style="list-style-type: none"> <li>More specialised assessment tools in relation to specific descriptors to include: PSE p-level assessments; TALC; Elklan Attention checklist</li> <li>Accurate and up to date assessment of independent levels (NC/P-Levels) must be kept as a working document to aid planning and to share with family</li> <li>Assessment may include a <a href="#">sensory profile</a>.</li> <li>Curriculum plans will reflect levels of achievement and must include individually focused Student Profile targets</li> <li>Planning may need to incorporate adaptations such as rest breaks, time allocated to sensory difficulties and processing needs</li> </ul>

Intervention		
<ul style="list-style-type: none"> <li>• Flexibility may be required to enable the student to follow instructions and/or record work</li> <li>• Instructions may need to be supported by use of visual and written cues</li> <li>• Preparation for change and the need for clear routines will be required</li> <li>• Reduction of complex language, especially when giving instructions and asking questions, may be required</li> </ul>	<ul style="list-style-type: none"> <li>• Will need additional professional support from skilled colleagues within the Inclusion Faculty</li> <li>• Will need additional professional support from skilled colleagues to develop strategies to address social interaction, social communication and social understanding</li> <li>• Will need use of additional school support to implement specific materials, approaches and resources as appropriate</li> <li>• Flexibility will be required to enable the student to follow instructions and/or record work</li> <li>• Clear use of visual and written cues will be useful to support instructions</li> <li>• Preparation for change and the need for clear routines will be required</li> <li>• Reduction of complex language, especially when giving instructions and asking questions, will be required</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance at professional drop-in sessions at primary hub schools or via the <i>keyworker</i> system in secondary will be used as a source of specific advice and support.</li> <li>• Advice/ training information from the Autism Spectrum Outreach Team will be sought via the re-referral process</li> <li>• Teaching approaches must take account of difficulties identified within the Wave descriptors.</li> <li>• Key member of staff should be available to work with a member of the AS Team where re-referrals are made</li> <li>• Staff working directly with pupils must have knowledge and training in good practice when working with student with communication and interaction needs/Autism</li> </ul>

Speech, Language and Communication Need		
Quality First Teaching	SEND Support	SEND Support Plus
<b>Early Indicators</b>		
<ul style="list-style-type: none"> <li>Phonological awareness difficulties (awareness of the sounds in spoken words such as rhyme, alliteration, and syllabification) which impact on progress reading and spelling.</li> <li>Speech is understood by others but has some immaturities, which may impact on social interaction and the acquisition of literacy.</li> <li>Difficulties with listening and attention that affect task engagement and independent learning.</li> <li>Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations and the pupil needs some support with listening and responding.</li> <li>Difficulties in the understanding of language for learning (conceptual language; size, time, shape, position)</li> <li>Limited vocabulary, both expressive and receptive.</li> <li>May rely heavily on Non Verbal Communication to complete tasks (adults gestures, copying peers) and this may mask comprehension weaknesses.</li> </ul>	<ul style="list-style-type: none"> <li>Phonological awareness difficulties (awareness of the sounds in spoken words such as rhyme, alliteration, and syllabification) which impact on progress reading and spelling.</li> <li>Speech is understood by others but has some immaturities, which may impact on social interaction and the acquisition of literacy.</li> <li>Difficulties with listening and attention that affect task engagement and independent learning.</li> <li>Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations and the pupil needs some support with listening and responding.</li> <li>Difficulties in the understanding of language for learning (conceptual language; size, time, shape, position)</li> <li>Limited vocabulary, both expressive and receptive.</li> <li>May rely heavily on Non Verbal Communication to complete tasks (adults gestures, copying peers) and this may mask comprehension weaknesses.</li> <li>Social interaction could be limited and there may be some difficulty in making and maintaining friendships.</li> </ul>	<ul style="list-style-type: none"> <li>Persistent delay against age related language norms</li> <li>Persistent difficulties that do not follow a normal developmental patterns (disordered)</li> </ul> <p><b>Speech</b></p> <ul style="list-style-type: none"> <li>Speech is usually understood by others but has immaturities. Persistent delay/ difficulties against age related speech norms</li> <li>Difficulty in conveying meaning, feelings and needs to others due to speech intelligibility.</li> <li>Speech sound difficulties impact on literacy development.</li> <li>Speech sound difficulty may lead to limited opportunities to interact with peers. May be socially vulnerable as a result, may become isolated or frustrated.</li> </ul> <p><b>Expressive</b></p> <ul style="list-style-type: none"> <li>Difficulties in word storage and retrieval that affect fluency, sentence structure and the quality of vocabulary. This will also be evident in written work and reading.</li> <li>Difficulties in formulating sentences. May be associated with vocabulary or grammar, such as using immature or unusual verb forms.</li> </ul> <p><b>Receptive</b></p> <ul style="list-style-type: none"> <li>Difficulties in accessing the curriculum; following instructions, answering questions, processing verbal information, following everyday conversations. Needs regular and planned additional support and resources.</li> <li>Difficulties with listening and attention that affect task engagement and independent learning. May not be able to focus attention for sustained periods. May appear passive or distracted.</li> </ul>

<ul style="list-style-type: none"> <li>• Social interaction could be limited and there may be some difficulty in making and maintaining friendships.</li> <li>• Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement.</li> </ul>	<ul style="list-style-type: none"> <li>• Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement.</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulties with sequencing, predicting, and inference within both social and academic contexts. May result in associated behavioural difficulties due to anxiety or lack of understanding (withdrawal or externalising frustrations). May result in difficulties with completing daily living tasks or participating in daily living situations</li> </ul> <p><b><u>Social Communication</u></b></p> <ul style="list-style-type: none"> <li>• Difficulties with speech and/or language mean that social situations present challenges resulting in emotional outbursts, anxiety, social isolation and social vulnerability.</li> <li>• Difficulties with using and understanding non-verbal communication (NVC) such as facial expressions, tone of voice and gestures.</li> <li>• Poor understanding of abstract language and verbal reasoning skills needed for problem solving, inferring and understanding the feelings of others.</li> <li>• Anxiety related to lack of understanding of time and inference. Needs reassurance and forewarning of changes to routine or when encountering new situations/experiences</li> </ul>
<b>Plan</b>		
<ul style="list-style-type: none"> <li>• SENDCO and class teacher could be involved in more specific assessments and observations to clarify SLCN as the primary area of need, and the nature of the difficulty.</li> <li>• Other assessment tools schools may use: TALC, BPVS</li> <li>• Refer to School nurse for sight/hearing tests</li> <li>• Curriculum plans should include individual/group targets</li> <li>• Family may be involved regularly and support targets at home provided</li> </ul>	<ul style="list-style-type: none"> <li>• SENDCO and class teacher could be involved in more specific assessments and observations to clarify SLCN as the primary area of need, and the nature of the difficulty.</li> <li>• Other assessment tools schools may use: TALC, BPVS</li> <li>• Refer to School nurse for sight/hearing tests</li> <li>• Curriculum plans should include individual/group targets</li> <li>• Family may be involved regularly and support targets at home provided</li> <li>• Information around specific student will be shared with staff in setting at pupil progress meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Provide evidence of monitoring and identification of pupil's needs before making a referral for assessment and advice from a specialist teacher.</li> <li>• Refer to Speech and Language Therapy Services (SALT) for further assessment and therapy This must be agreed with the family.</li> <li>• Reviews should consider the evidence based need to move towards EHCP</li> </ul>

<ul style="list-style-type: none"> <li>• Pupil will be involved in setting and monitoring his targets, where appropriate</li> <li>• Information around specific student will shared with staff in setting at pupil progress meetings</li> </ul>		
<b>Intervention</b>		
<ul style="list-style-type: none"> <li>• Adults actively support pupils by modifying teacher talk and scaffolding/modelling responses</li> <li>• Adults provide support to listen and respond to longer sequences of information in whole class situation.</li> <li>• Adults provide encouragement and support to collaborate with peers in curriculum activities.</li> <li>• Literacy tasks may require some modification.</li> <li>• Instructions supported by visual and written cues</li> <li>• Reduction/modification of complex language when giving instructions/information to support attention and understanding.</li> <li>• Flexibility in expectations to follow instructions /record work</li> <li>• Opportunities for developing the understanding and use of language across the curriculum</li> </ul>	<ul style="list-style-type: none"> <li>• Main provision by class/subject teacher with advice from the Inclusion Faculty</li> <li>• Adults actively support pupils by modifying teacher talk and scaffolding/modelling responses</li> <li>• Regular, planned support to listen and respond to longer sequences of information in whole class situation.</li> <li>• Regular, planned encouragement and support to collaborate with peers in curriculum activities.</li> <li>• Literacy tasks require regular modification</li> <li>• Instructions supported by visual and written cues</li> <li>• Reduction/modification of complex language when giving instructions/information</li> <li>• Opportunities for developing the understanding and use of language across the curriculum</li> <li>• Opportunities for time limited small group/individual work based on identified need</li> <li>• Planning show opportunities for language based activities</li> </ul>	<ul style="list-style-type: none"> <li>• Main provision by class/subject teacher with advice from Inclusion Faculty</li> <li>• Additional adult support informed by differentiated provision planned by the teacher.</li> <li>• Could include advice from Speech and Language Therapist to inform planning.</li> <li>• Additional adult 1:1 support focussed on specific individual targets and any SALT programmes as appropriate</li> <li>• Staff working directly with the pupil must have knowledge and training in good practice for teaching and planning provision for student with SLCN</li> </ul>