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| School logo |
| **Early Identification Criteria** |
| Child Name: |
| DOB: |
| Year Group: |
| Class: |
| Date of entry to the UK: |
| Any other education (prior to starting here): |
| Date Started at ………….: |
| Current Data Level:Reading: Writing: Maths: |
| Element 1 (High Quality Teaching)strategies tried |
| Additional Notes (e.g. attendance, background information etc…) |

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| Additional Notes / Information: |
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**Communication and Interaction - Speech, Language and Communication Needs (SLCN)**

A child with delayed and/or disordered SLCN development that is **not** due to factors such as:

* Learning English as an Additional Language (EAL)
* Social deprivation and impoverished language experience
* Sensory impairment

The child presents with greater difficulty than the majority of other children of their age in speech and language and communication:

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| **Identification Criteria**Date started: | **High Quality Teaching Strategies applied** | Review Date:Is this still a concern? |
| Communicating their basic needs appropriate to their developmental level |  |  |
| Understanding and using vocabulary, sentences (grammar and syntax) and concepts as part of curriculum learning |  |  |
| Understanding and participating in group discussions and age appropriate social interaction |  |  |
| Speech impairments (e.g., phonological disorder) that makes their spoken language difficult to understand except for those who are familiar with the child’s speech |  |  |
| SLCN may also impact upon social & emotional development (and behaviour) |  |  |

**Attainment**

SLCN is likely to impact attainment due to difficulties with speaking and listening, access to learning, literacy attainment and social interaction. Children with SLCN can have stronger attainments in practical and visual based learning. However, SLCN can be more pervasive with levels similar to MLD.

**Communication and Interaction - Speech, Language and Communication Needs (SLCN)**

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| **Expected arrangements to meet needs** |
| High Quality Teaching:1. Cueing and reinforcing children’s listening/attention
2. Differentiation of teacher language, i.e., use of key vocabulary, short sentences with simple grammar, chunking/sequencing of concepts, etc.
3. Differentiation of tasks, use of task planners/schedules
4. Differentiated use of questions
5. Schemes of work are differentiated including content from earlier years as appropriate
6. Use of peer support
7. Visual cues to support understanding including objects, pictures, signs, symbols, models, examples, etc.
8. Using word webs, concept/ topic maps to illustrate/reinforce key language
9. Modelling, prompting and reinforcing children’s language, e.g., provide a framework or model for a response
10. Checking understanding and reinforcing as required through repetition, rephrasing, explaining and demonstration
11. Giving the child take up time to process language and to respond
12. Use of schedules and routines, support for transitions including unexpected change
13. Physical environment that is organised and well-defined and labelled using written and visual cues
14. Use of appropriate areas of the room to support speaking and listening skills
15. Opportunities for direct experience and practical activities including use of ICT.
16. Opportunities for pre-teaching, overlearning and reinforcement and generalisation of key language
17. Opportunities to develop speaking and listening skills, social skills and relationships with other children
18. Use relevant High Quality Teaching to support learning as per MLD section
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**Communication and Interaction – Autism Spectrum Disorder (ASD)**

The child presents with greater difficulty than the majority of other children of their age in the following areas (the child may or may not have a diagnosis of ASD or is on the assessment pathway):

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| **Identification Criteria**Date started: | **High Quality Teaching Strategies applied** | Review Date:Is this still a concern? |
| Understanding social situations, responding to social cues and intuitively sensing other people’s feeling and intentions |  |  |
| Inappropriate or limited social initiative and problems with establishing and maintaining reciprocal relationships |  |  |
| Poor or inappropriate eye contact and non-verbal language for social interaction  |  |  |
| Impaired expressive or receptive language including unusual intonation, idiosyncratic phrases, literal interpretation, limited conversational skills |  |  |
| Rigidity of thinking and a tendency to follow agendas which are not easily amenable to adult direction with an absence of awareness of the needs or emotions of others |  |  |
| Difficulty in open-ended or unstructured situations and with change/transitions  |  |  |
| Limitations in expressive or creative ability |  |  |
| Obsessive interests or repetitive activities |  |  |
| High susceptibility to anxiety and stress  |  |  |
| High susceptibility to hyper/hypo sensory stimuli |  |  |

**Attainment**

Depending on the nature of the communication & interaction difficulties, attainment can be ‘spiky’ with some good skills for visual/ factual memory & precision/ accuracy for rote/repetitive learning compared to weaker comprehension and creative skills. Can also more pervasive with similar levels to MLD.

The child will have significantly more difficulty than the majority of his/her peers in:

o Understanding & using non-verbal and verbal communication;

o Understanding social behaviour (social cues) which impairs their ability to interact with adults & children;

o Flexibility of thought & imagination (the child may need rules & have limited ability to use imaginative thought – may think in a concrete fashion).

o The child may have sensory issues (e.g. to light, sound and touch)

The diagnosis of ASD will be through the agreed ASD Pathway:

o The child may have few friends & appear socially isolated. May have limited social networks which may include superficial friendships

o The child may have difficulty in understanding the feelings of others & therefore have limited empathy.

o The child will have difficulty in managing unplanned changes to routines.

o Use of PIVATS/Next Steps to assess social skills

o The child may react in unexpected ways to information with an emotional content (e.g. the breaking of bad news – the child may laugh)

o The child may have difficulties in organising themselves and need external prompts & reminders – for example visual timetables

The child may display high levels of stress, anxiety & subsequent behaviour (anger, becoming subdued).

**Communication and Interaction – Autism Spectrum Disorder (ASD)**

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| **Expected arrangements to meet needs** |
| High Quality Teaching:1. Teacher language is explicit, unambiguous and avoids non-literal language and inferred meaning
2. Structured and consistent routines reinforced by visual timetable, support for transitions and for managing unpredicted changes to the routine
3. Explicit teaching of comprehension, concepts, inferential understanding, perspective taking, empathetic thinking and generalisation of skills
4. Explicitly naming emotions and thoughts of others and prompting appropriate social interaction skills
5. Managing, supporting and differentiating collaborative learning (e.g., opportunities to work alongside/outside of a group as appropriate)
6. Providing greater structure for open ended/creative activities (e.g., choice from options instead of prediction, writing about actual experience instead of imaginative writing, etc.)
7. Use reading to support understanding of characters’ emotions, thoughts, intentions and social interactions
8. Opportunities of support to develop relationships and social skills with other children
9. Manage behaviour difficulties by addressing possible underlying issues in relation to social anxiety and/or difficulties in understanding and/or communication
10. Use of an individual work station and task planners and schedules
11. Access to a planned safe haven/time out at times of heightened anxiety
12. Awareness and planning to manage sensory sensitivities, issues, e.g., light, noise, texture, temperature, etc.
13. Use relevant High Quality Teaching to support learning as per SLCN and MLD sections
 |

**Cognition and Learning – Moderate Learning Difficulties (MLD)**

A child with greater difficulties than the majority of other children of their age in making progress across all areas of the curriculum despite effective teaching which is **not** due to factors such as:

* Learning English as an Additional Language (EAL)
* Social deprivation
* Sensory impairment
* Emotional disturbance

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| **Identification Criteria**Date started: | **High Quality Teaching Strategies applied** | Review Date:Is this still a concern? |
| Attention and listening |  |  |
| Concentration and on task behaviour |  |  |
| Literacy and numeracy skills |  |  |
| Self-organisation |  |  |
| Making links between different areas of learning and generalising to everyday experience |  |  |
| Visual, practical and spatial/physical learning  |  |  |

**Attainment**

Children with MLD will be attaining at or below:

F1 (3-4 year olds): 9 – 24 months delay / F2 (4-5 year olds): 12 – 30 month delay

KS1: P6 – 7 / KS2: P7 – NCY 1 age expectations

**Cognition and Learning – Moderate Learning Difficulties (MLD)**

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| **Expected arrangements to meet needs** |
| High Quality Teaching:1. Differentiated lesson planning/delivery modified in terms of:
* level (i.e., focusing on key learning outcomes and drawing on earlier programmes of study as appropriate with learning targets broken down into smaller achievable steps)
* pace (i.e., extra time for responses to questions, contributing to class discussions and to complete activities)
* approach (i.e., multi-sensory, related to the child’s everyday experience, emphasis on direct experience and practical activities including appropriate use of ICT)
* output (i.e., alternative ways to record learning, e.g., oral, photographic, video, highlighting text, mindmaps, etc.)
1. Cueing and reinforcing children’s listening/attention
2. Checking understanding and reinforcing as required through repetition, rephrasing, explaining & demonstration
3. Demonstrating tasks (what the finished product looks like)
4. Opportunities for pre-teaching, overlearning and reinforcement
5. Use of classroom learning aids (e.g., subject specific word mats, writing frames, number lines, ICT, etc.)
6. Use of topic maps to link current learning to previous learning
7. Explicit teaching to support generalisation of skills
8. Use of peer support
9. Visual cues to support understanding including the use of objects, pictures, signs, symbols, models, examples, ICT
10. Modelling and teaching study skills (e.g., having a plan to complete the task, problem solving skills, etc.)
11. Supporting personal organisation (e.g., using resources, organising equipment, etc.)
12. Physical environment that is organised and well-defined and labelled using written and visual cues

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

Specific learning difficulties (SpLD) affect one or more specific aspects of learning. This encompasses a range of conditions including dyslexia and dyscalculia.

Dyslexia affects the skills involved in accurate and fluent word reading and spelling. Dyscalculia affects the skills involved in the use of number.

Co-occurring difficulties may be seen in aspects of language, motor co-ordination, mental calculation, concentration and personal organisation, but these are not, by themselves, markers of dyslexia. A good indication of the severity and persistence of dyslexic difficulties can be gained by examining how the individual responds or has responded to well-founded intervention.

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| **Identification Criteria**Date started: | **High Quality Teaching Strategies applied** | Review Date:Is this still a concern? |
| Verbal memory  |  |  |
| Verbal processing speed  |  |  |
| Word reading and spelling skills with consequent impact on other literacy skills |  |  |
|  Phonological awareness and processing |  |  |
| Number skills |  |  |

**Attainment**

SpLD likely to lead to uneven attainment with learning mediated by literacy &/or numeracy skills adversely affected compared to stronger attainment in other curriculum areas.

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

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| **Expected arrangements to meet needs** |
| High Quality Teaching:1. Differentiation of literacy and numeracy tasks to support learning outcomes, e.g., listening and discussing rather than reading and writing, use of assistive technology, etc.
2. Alternative multi-sensory activities to enhance and support learning, e.g., visual and practical
3. A variety of alternative ways to present and record learning, oral, photographic, video, highlighting/cutting and pasting text, flow charts, mindmaps, bullet points, etc.
4. Use of classroom learning aids (e.g., subject specific word mats, word lists coloured coded by category, writing frames, spellcheckers, specialist dictionaries, number lines, Dienes apparatus, Numicon, ICT, etc.)
5. Use of reading texts matched to age and interest as well as reading level across the curriculum
6. Careful consideration of accessibility of learning materials in terms of readability, density of text, size and choice of font, layout, overlays, coloured paper, appropriate use of illustrations etc.
7. Enhance attention skills by reducing background noise and distractions
8. Support to sequence tasks and instructions within class
9. Giving extra time for thinking/ processing, speaking and listening
10. Support for homework and arrangements to ensure that tasks are clearly recorded including use of ICT
11. Use of relevant High Quality Teaching to support learning as per SLCN and MLD sections
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**Social Emotional and Mental Health needs (SEMH)**

Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect:

* difficulties with learning or communication
* mental health difficulties such as anxiety or depression, hidden behaviours such as self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained
* disorders such as attention deficit hyperactive disorder (ADHD) or attachment difficulties
* trauma, domestic violence, abuse and neglect as well as issues such as housing, family or other domestic circumstances

**These behaviours can be frequent, intense and enduring as well as volatile with sudden onset.**

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| **Identification Criteria**Date started: | **High Quality Teaching Strategies applied** | Review Date:Is this still a concern? |
| An inability to communicate their emotional and social needs in a way that is socially appropriate compared to their peers. |  |  |
| Difficulties in making and maintaining friendships & relationships with children & adults |  |  |
| Verbal and physical aggression as a result of difficulties in self-regulating emotional responses  |  |  |
| Refusal to comply with reasonable requests from adults and whole school expectations |  |  |
| Withdrawn, depressed and uncommunicative |  |  |
| Self-harming (threats or actual) |  |  |
| High levels of anxious/obsessive behaviour |  |  |
| Low self-esteem |  |  |

**Attainment**

SEMH is likely to impact on social interactions, access to learning, attendance & risk of exclusion which will impact attainment & social & emotional maturity leaving gaps in learning

**Social Emotional and Mental Health needs (SEMH)**

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| **Expected arrangements to meet needs** |
| High Quality Teaching:1. Developing a positive relationship and connection with the child, i.e., knowing them as an individual
2. Effective adult language that is appropriate to the child's developmental stage
3. Consistency of approach by all staff working with child
4. Managing the immediate environment to reduce distraction and minimise potential for conflict or disruption
5. Managing inappropriate behaviour through:
* Tactical ignoring / Non-verbal signals (e.g., ‘the look’) / Moving closer
* Ask about relevant rule/routine/behavioural expectation
* Restate relevant rule/tell child what you want them to do (i.e., clear and simple statement of behaviour)
* ‘Catch’ child behaving appropriately and praise
* Praise appropriate behaviour of nearby pupil (proximity praise)
* Distract onto task/away from inappropriate behaviour
* Re-explain and organise task for them/modify or change activity/ Informally move or change group setting
* Use the language of choice, remind of consequences (‘If you choose to….then…)
* Take up time, clear choices, schedules and consistent routines and boundaries
* Effective adult language, e.g., ‘I… when…. because’, ‘I am looking for…’, ‘when/then’ statements
1. Modelling, prompting and reinforcing children’s positive behaviour and interactions
2. Supporting personal organisation i.e. ensuring pupils have appropriate equipment
3. Opportunities of support to develop relationships with other children, emotional literacy, social, co-operation and reflection skills, including activities such as emotional check-ins/ talk time/ circle time
4. Nurturing practices, e.g., look for opportunities to provide care for child’s needs in and outside the classroom
5. Consistent use of rewards and motivators for pupils (including rewards for positive behaviour choices)
6. Use relevant High Quality Teaching to support learning (see sections on SLCN, MLD, SpLD as appropriate)
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**Physical and Sensory: Hearing Impairment (HI)**

A HI is an impairment that affects a child’s ability to access auditory information. HI can be a uni or bi-lateral and mild, moderate, severe or profound. A permanent or long standing HI would have an impact on a child’s attention & listening, language and communication and access to learning.

A hearing loss is significant when a child:

* Has hearing loss which is not aided
* Has a fluctuating hearing loss
* Requires audiological equipment to support their listening e.g. hearing aid/s, cochlear implant, FM systems, etc.
* Has difficulty adapting to environments with high levels of background noise.
* Misses out on incidental learning
* Has a delay in acquiring and maintaining language and communication skills at an age-appropriate level.
* Has difficulty with social interaction

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| **Identification Criteria** | **High Quality Teaching Strategies applied** | Review Date: |
| Date started: |  | Is this still a concern? |
| Literacy and numeracy skills |  |  |
| Making links across areas of learning and generalising learning to everyday experience |  |  |
| Developing reciprocal relationships. |  |  |
| Participating in class discussions |  |  |
| Understanding subject specific language |  |  |
| Learning new concepts |  |  |
| Clarity of speech |  |  |

**Attainment**

Hearing impairment can significantly impact attainment due to difficulties of accessing learning. However, with the right support (including audiology aid) attainment should be age appropriate.

**Physical and Sensory: Hearing Impairment (HI)**

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| **Expected arrangements to meet needs** |
| High Quality Teaching:1. Use of audiological equipment in the classroom.
2. Differentiated lesson planning/delivery modified in terms of:
* Use of visual resources.
* Modifying language and scaffolding of subject-specific vocabulary.
* Approach (i.e., multi-sensory, related to the child’s everyday experience, ICT etc.
* Pace (i.e., extra time for responses to questions, contributing to class discussions and activities)
1. Cueing and reinforcing children’s listening/attention
2. Management of turn taking in classroom discussions with repetition of key points made by others.
3. Checking understanding and reinforcing by repetition, rephrasing, explanation/ demonstration
4. Opportunities for pre-teaching and consolidation of language and social interaction
5. Good role models of language from adults and other children
6. Visual aids to support understanding including objects, pictures, gesture, signs, symbols, models, examples, ICT, demonstrations, use of subtitles or transcripts, visual/written instructions for homework etc.
7. Physical environment: background noise is reduced, good room acoustics and seating plan is used to optimise listening and visual access to lip patterns.
8. Use additional support staff and note takers to give equal access to learning if appropriate.
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**Physical and Sensory: Visual Impairment (VI)**

A Visual Impairment (VI) is an impairment of sight, which cannot be fully corrected, and is likely to have an impact on the child’s development and means of access to learning. VI refers to medical conditions that result in reduced vision through to blindness and can be temporary or permanent, occurring from birth or at any time. Patching or monocular vision is not deemed a visual impairment.

The VI is significant when:

* written learning materials need to be adapted or inclusive technology is essential to access the curriculum.
* independent travel and the immediate environment need active monitoring.
* incidental learning does not occur, needs direct teaching and additional pre-teaching or revision of skills is necessary.
* the child is unable to read facial or body cues
* access to social situations/groupings without a facilitator is difficult for the child.

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| **Identification Criteria** | **High Quality Teaching Strategies applied** | Review Date: |
| Date started: |  | Is this still a concern? |
| Physical tiredness. |  |  |
| Making and maintaining relationships. |  |  |
| Managing their equipment and physical safety. |  |  |
| Reading and writing skills. |  |  |
| General self-confidence and self-advocacy. |  |  |

**Attainment**

VI can significantly impact attainment due to difficulties of accessing learning. However, with the right support, attainment should be age appropriate.

**Physical and Sensory: Visual Impairment (VI)**

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| **Expected arrangements to meet needs** |
| High Quality Teaching:1. Class/subject teachers to take responsibility for acting upon personalised educational advice supplied by VI/MSI Qualified Teacher around individual child’s needs.
2. A procedure for contact lens wearers, patched pupils and implementing the wearing of glasses.
3. All staff and supply staff, visiting speakers, sport, drama groups etc. are informed of child’s VI/MSI visual and auditory needs at the planning stage of activities.
4. Support for inclusion with extra-curricular activities, modified homework resources and newsletters.
5. A range of multi-sensory tasks, teaching styles and support for the alternative ways of recording work.
6. Provision of recommended generic specialist assistive technology such as: iPad/ tablet/ laptop/ eReader/ scanner and specialist software. e.g., screen sharing packages and magnification.
7. Clear classroom routines supported by cues, e.g., objects of reference, signs, symbols, gestures, signing to support language, photographs, visual timetables.
8. Careful consideration of accessibility of learning materials in terms of readability, density of text, size and choice of font, layout, overlays, coloured paper, appropriate use of illustrations, clutter free diagrams, all modified resources onto A4 paper only.
9. Provision of consumables, e.g., specialist paper, matt laminates. Appropriate black fibre tipped pens/ dark leaded pencils, exemption from learning a cursive script. Use of a sloping desk or board.
10. Teacher verbalising work on the board, recorded in black ink, plain font style on a white uncluttered background.
11. Seating at close proximity to interactive white board/learning facilitator/ point of learning.
12. Adaptation of teaching and learning environment to take account of sources of light and sound, glare and reverberation, visual and auditory clutter and contrast, as well as the subtleties of the tactile environment.
13. Clear and tidy classroom with good organisation and labelling of resources.
14. Visual fatigue rest breaks built into the school day and a shaded outdoor area as appropriate.
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**Physical and Sensory: Multi-Sensory Impairment (MSI)**

Multi-sensory impairment (MSI) refers to combined visual and hearing impairments which cause difficulties with communication, access to information and mobility.

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| **Identification Criteria** | **High Quality Teaching Strategies applied** | Review Date: |
| Date started: |  | Is this still a concern? |
| Physical tiredness. |  |  |
| Making and maintaining friendships. |  |  |
| Managing their equipment and physical safety. |  |  |
| Reading and writing skills. |  |  |
| General self-confidence and self-advocacy. |  |  |

**Attainment**

MSI can significantly impact attainment due to difficulties of accessing learning. However, with the right support, attainment should be age appropriate.

**Physical and Sensory: Multi-Sensory Impairment (MSI)**

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| **Expected arrangements to meet needs** |
| High Quality Teaching:1. Class/subject teachers to take responsibility for acting upon personalised educational advice supplied by MSI Qualified Teacher around individual child’s needs.
2. A procedure for contact lens wearers, patched pupils and implementing the wearing of glasses.
3. All staff and supply staff, visiting speakers, sport, drama groups etc. are informed of child’s MSI visual and auditory needs at the planning stage of activities.
4. Support for inclusion with extra-curricular activities, modified homework resources and newsletters.
5. A range of multi-sensory tasks, teaching styles and support for the alternative ways of recording work.
6. Provision of recommended generic specialist assistive technology such as: iPad/ tablet/ laptop/ eReader/ scanner and specialist software. e.g., screen sharing packages and magnification.
7. Clear classroom routines supported by cues, e.g., objects of reference, signs, symbols, gestures, signing to support language, photographs, visual timetables.
8. Careful consideration of accessibility of learning materials in terms of readability, density of text, size and choice of font, layout, overlays, coloured paper, appropriate use of illustrations, clutter free diagrams, all modified resources onto A4 paper only.
9. Provision of consumables, e.g., specialist paper, matt laminates. Appropriate black fibre tipped pens/ dark leaded pencils, exemption from learning a cursive script. Use of a sloping desk or board.
10. Teacher verbalising work on the board, recorded in black ink, plain font style on a white uncluttered background.
11. Seating at close proximity to interactive white board/learning facilitator/ point of learning.
12. Adaptation of teaching and learning environment to take account of sources of light and sound, glare and reverberation, visual and auditory clutter and contrast, as well as the subtleties of the tactile environment.
13. Clear and tidy classroom with good organisation and labelling of resources.
14. Visual fatigue rest breaks built into the school day and a shaded outdoor area as appropriate.
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**Physical and Sensory: Physical (Phy)**

Physical impairments may arise from physical, neurological or metabolic causes that only require appropriate access to educational facilities and equipment: others may lead to more complex learning and social needs. Developmental Co-ordination Disorder/Dyspraxia affects fine and gross motor co-ordination (DCD).

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| **Identification Criteria**Date started: | **High Quality Teaching Strategies applied** | Review Date:Is this still a concern? |
| Handling tools, e.g. scissors, rulers |  |  |
| Gross motor movement; difficulties ‘planning movement; general body movement awkward and clumsy |  |  |
| Motor skills and spatial skills leading to problems moving around the class environment |  |  |
| Sitting up/sitting still due to weak core strength, weak proprioception and balance |  |  |
| Running, jumping, skipping, kicking, throwing, catching, etc |  |  |
| Spatial awareness resulting in poor layout of work on page |  |  |
| Oral/verbal dyspraxia e.g. difficulty in eating, dribbling, speech production, organising thought into spoken words and sentences |  |  |

**Attainment**

Physical impairments can significantly impact attainment due to difficulties of accessing & demonstrating learning. In the absence of other SEND & with the right support, attainment should be age appropriate.

**Physical and Sensory: Physical (Phy)**

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| **Expected arrangements to meet needs** |
| High Quality Teaching1. Reasonable adjustments to the school environment and building adaptations including accessible toilets, rise and fall changing beds ramps, height adjustable furniture, grab bars, door handles, lifts, etc.
2. Class/subject teachers take responsibility for acting upon relevant information around individual students including:
* Well-organised classrooms with clear route ways
* Appropriate seating arrangements in relation to the teacher/teaching focus
* Adapting and modifying classroom tasks that require sustained and/or precise fine and/or gross motor skills
* Extra time for completion of tasks
* The use of assistive ICT
* Access to medical support, if appropriate
* Teachers talking to children and young people about their optimum/preferred learning styles
* Careful consideration of timetabling and location of rooms
1. Schools support the use of low-tech aids or equipment (basic word processors, communication passport)
2. Rest breaks, to take account of fatigue, built in to the day and movement breaks
3. Differentiation for P.E and all movement based learning, practical activities, use of equipment as appropriate
4. Pre writing skills- hand/finger/upper body strengthening exercises and preparing for writing, e.g., posture, hand warm ups, etc.
5. Alternative pens/pencils/equipment-grips,
6. Enlarged lined paper/frames especially maths for laying out
7. Optimal seating position including correct size furniture and additional resources such as seating wedges and writing slopes
 |