

The SEND Handbook

December 2020

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Inclusion Statement

Partners across Bolton is committed to all our citizens being active, connected and prosperous – and this starts from the earliest years.

Bolton Council are committed to inclusion. We have high ambitions for all of our children and young people no matter what their circumstances and want them to thrive in every aspect of their life. This means that they are supported and empowered to achieve academically and socially to the best of their ability, and to have voice and influence in their lives and community. We want to ensure that they truly feel that they belong in Bolton.

We believe that every child, regardless of their needs, should be welcome in their local mainstream school or setting. This therefore should be the starting point of all discussions with families regarding early years' provision and school placements. Should the child or young person have additional needs, the school SENCO will be best placed to determine, with the child and family, how these will be met, drawing upon the SEND and other agency support services available within Bolton as necessary. This will require a collective effort to understand and remove any barriers to learning that exist so that we can equip children with the skills, knowledge and confidence to enable them to achieve and to move on to the next phase of learning and life with success.

The 2014 'The Children and Families Act' brought a clear expectation that most pupils with SEND would be taught in a mainstream school, and that every teacher is a teacher of SEND. More recently the Ofsted Education inspection framework has been updated to reflect a stronger focus on inclusion within school inspections (Ofsted Education inspection framework: equality, diversity and inclusion statement May 2019). This framework emphasises equal access to high-quality education for all learners. These criteria make clear how important it is that high-quality education is available to **all** learners. This means that Ofsted will consider whether education providers offer inclusive education, for example:

- whether schools and early years providers are inclusive of children with SEND
- whether schools are removing some children from their rolls solely to improve published outcomes
- whether colleges and other further education providers are doing all they can to ensure that all learners are able to complete their courses
- whether the curriculum available for the most disadvantaged learners is ambitious and meets their needs.

In July 2018 the Association of Directors of Children's Services (ADCS) developed a vision for an inclusive learning and high performing educational system. This document reminds us that 'Local Authorities have a legal responsibility to champion the needs of the most vulnerable children and young people to promote educational excellence and ensure fair access to school places for all learners.' ADCS members also believe that we all must 'strive for an inclusive education system that enables all children, whatever their ability, background or faith to realise their ambitions, providing learners with greater opportunities to learn from, and relate to, their peers.'

For the relatively small percentage of children and young people whose needs are so complex that mainstream schools and settings struggle to meet them, it is vital that planning for specialist or alternative provision is person-centred and outcomes focussed, always aiming to maximise inclusion in universal settings and services where and when possible and appropriate.

The information contained within this SEND handbook is aimed at supporting everyone across the system to work together to ensure that children and young people have the best start in life and can be supported to live happy and successful lives. Working together with families in Bolton across Early Years, Early Help, Schools, Inclusion, SEND and Social Care and health we can make a difference.



Let's get excited about making every child believe they "belong in Bolton" and that our collective ambition as part of the Bolton family at every level from Executive Cabinet Member for Children's Services to Senior Leaders across all sectors and frontline staff and most importantly children, families and carers is to deliver on that and turn it into a reality!

Thank you all for all the work you do for children in Bolton.

Councillor Anne Galloway

Executive Cabinet Member for Children's Services



Bernie Brown

Director of Children's Services



National Special Educational Needs and Disabilities Legislation and Guidance

There is a range of legislation that governs work in the area of SEND. Below is a brief summary of the key legislation as of December 2020 along with links should you wish to access further information about key aspects of legislation.

Children and Families Act (2014)

The Children and Families Act 2014 obtained royal assent and became law on 13 March 2014. This is a landmark and wide-ranging Act designed to fully reform services for vulnerable children by giving them greater protection, paying special attention to those with additional needs, and also helping parents and the family as a whole.

There are nine important parts to the Act, each of which made substantial changes and new provisions to various areas of child welfare and family law. The 9 sections include; adoption, family justice, SEND, childcare, child welfare, the children's commissioner and working rights to leave and pay.

Part 3 of the Children and Families Act relates to Children and young people with special educational needs (SEN) and disabilities. The major changes introduced in this Act include:

- A new Education, Health and Care (EHC) Plan based on a single assessment process will replace special education statements. EHC plans are documents that support children, young people and their families from birth to 25.
- The commissioning and planning of services for children, young people and families is now run jointly by health services and local authorities as a result of the Act.
- Extends the rights to a personal budget for the support to children, young people and families
- Local services available to children and families must be made available in a clear, easy to read manner.
- Local authorities must involve families and children in discussions and decisions relating to their care and education; and provide impartial advice, support and mediation services.

For more information relating to the Children and Families Act please refer to:

- The actual Act: http://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf and <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>
- An overview of the Act from Contact: https://contact.org.uk/media/779043/introduction_to_the_children_and_families_act_2014.pdf
- A summary of the Act from the Council for Disabled Children: <https://councilfordisabledchildren.org.uk/sites/default/files/uploads/files/ChildrenAndFamiliesActBrief.pdf>

SEND Code of Practice (2015)

The law detailed in the Children and Families Act is set out and expanded upon in the [SEN and Disability Code of Practice](#). The Code of Practice provides much more detail on the legal framework relating to special educational needs and disabilities. Wherever in the Code it says an LA, school or college **must** do something, then it is referring to compulsory obligations which are set out in the Children and Families Act or the Special Educational Needs and Disability Regulations 2014. Wherever the Code says an LA or other entity **should** do something, this is statutory guidance.

The aims of the SEND Code of Practice include:

- Children's SEN being picked up early and support routinely being put in place quickly;
- Staff having the knowledge, understanding and skills to provide the right support for children and young people who have SEN or are disabled;
- Parents knowing what they can reasonably expect their local school, college, LA & local services to provide, without having to fight for it;
- Aspirations for children and young people being raised through an increased focus on life outcomes, including employment;
- An integrated assessment and a single Education, Health and Care Plan for children and young people with more complex needs from birth to 25; and
- Greater control for parents and young people over the services they and their family use.

For Early Years settings, schools and colleges, key points include:

- Schools/settings having to support children and young people with SEN via 'SEN Support' and the use of a graduated approach; an assess, plan, do, review cycle
- Schools/settings having to produce and publish online a School SEN Information Report
- Schools/settings needing to inform parents when pupils receive SEN support, involving them in planning and reviews of progress and meeting with them at least 3 times each year
- Settings, schools and colleges having to admit a child/young person, where the school/college is named in an EHC plan
- Schools having to appoint a suitably qualified or experienced member of staff as SENCO (National Award)
- Early Years settings, schools and colleges needing to develop processes and procedures for ensuring children, young people and parents are engaged in decision making and planning

For more information relating to the SEND Code of Practice please refer to:

- SEND Code of Practice 2015: <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>
- The Special Educational Needs and Disability Regulations 2014 - these are the main set of Regulations underpinning the Act): <http://www.legislation.gov.uk/ukxi/2014/1530/contents/made>
- The Special Educational Needs (Personal Budgets) Regulations 2014: Regulations about personal budgets and direct payments: <https://nasen.org.uk/resources/send-code-practice-0-25-years> - this is a summary of the Code of Practice

Equality Act 2010

The Equality Act merges 116 pieces of legislation into one single Act that protects individuals from unfair treatment and discrimination based on many different grounds such as race, sex, religion, disability, etc. This Act also brings in stronger protection against discrimination on grounds of disability:

- A broader test of what 'disability' means (A person is disabled under the Equality Act 2010 if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities).
- Protection from 'indirect discrimination'
- Protection from unjustified 'discrimination arising from a disability'
- Employers, and providers of goods or services must make reasonable adjustments to accommodate for any substantial disadvantages to disabled people wanting to participate

It is against the law for schools and other educational providers to discriminate against children and young people with disabilities on the basis of their disability. Educational providers should not deny admission to a child or young person on the ground of their disability. Instead, educational providers should try to accommodate for the disability through the provision of support and adaptations.

For more information relating to the Equality Act please refer to:

- <https://www.legislation.gov.uk/ukpga/2010/15/contents> - this is the Act
- <https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools> - this is specific DfE advice for schools
- <https://www.gov.uk/definition-of-disability-under-equality-act-2010> - this details the definition of disability under the Equality Act
- https://councilfordisabledchildren.org.uk/sites/default/files/uploads/files/equality-act-schools_online.pdf - this is a detailed summary of the implications of the Equality Act for schools

SEN Funding Reforms (2013)

The School Funding Reforms (2013) details how funding is provided to children with Special Educational Needs.

The Government's view is that the first £6,000 of additional funding (above and beyond the average educational funding per child of £4,000) should be met by schools/settings from the schools block of the dedicated schools grant.

Where the value of a child/young person's **additional needs** is greater than £6,000, then the child/young person is classified as having "High Needs" and any further funding will be provided from the High Needs Block of DSG, based upon the assessed need via an Education, Health and Care Needs Assessment.

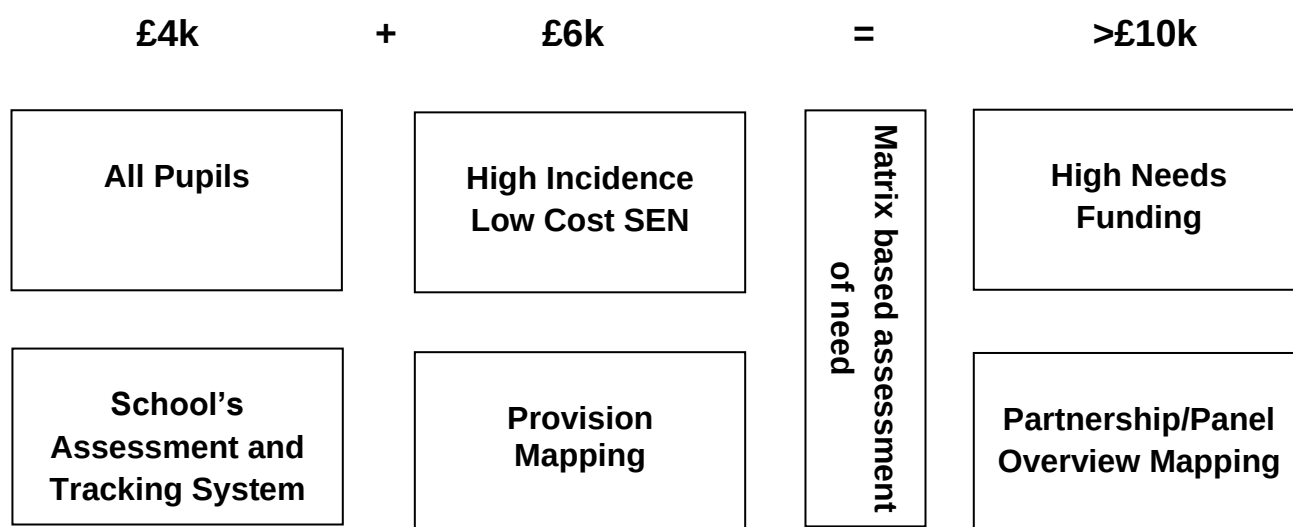
In summary, the funding is as follows:

Place funding (relating to education provision), average of £4,000
Funding from schools block

Place plus (costs of additional needs – SEN Support): £6,000
Funding from schools block

Top Up/High Needs funding, based on assessed need detailed in an EHCP
Funding from High Needs Block

The responsibility for the High Needs block lies with the local authority, who will work with schools to determine the correct level of top up funding for each child.



Exclusions and children with SEND

The Department for Education has published statutory guidance on exclusions. This can be found at <https://www.gov.uk/government/publications/school-exclusion>.

This guidance is clear that early intervention to address any underlying causes of disruptive behaviour should include an assessment of whether appropriate provision is in place to support any SEN or disability that a pupil may have (please refer to the 6 principles of nurture detailed on page 57). The head teacher should also consider the use of a multi-agency assessment for a pupil who demonstrates persistent disruptive behaviour. Such assessments may pick up unidentified SEN but the scope of the assessment could go further, for example, by seeking to identify mental health or family problems.

This statutory guidance contains information relating to the exclusion of pupils with an Education, Health and Care Plan (EHC plan) and looked after children. As well as having disproportionately high rates of exclusion, there are certain groups of pupils with additional needs who are particularly vulnerable to the impacts of exclusion. This includes pupils with EHC plans and looked after children. The guidance states that Headteachers should, as far as possible, avoid permanently excluding any pupil with an EHC plan or a looked after child.

Where a school has concerns about the behaviour, or risk of exclusion, of a child with additional needs, a pupil with an EHC plan or a looked after child, it should, in partnership with others (including the local authority as necessary), consider what additional support or alternative placement may be required. This should involve assessing the suitability of provision for a pupil's SEN and reviewing the Early Help Assessment. Where a pupil has an EHC plan, schools should request an early annual review or interim/emergency review.

Medical conditions

The Department for Education has published detailed statutory guidance detailing how schools should support children with medical conditions. This can be found at: <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>



The key points of this guidance include:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and PE.
- Governing bodies must ensure that arrangements are in place in school to support pupils with medical conditions.
- Governing bodies should ensure that school leaders consult with health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

This guidance also outlines the need for a school policy for supporting pupils with medical conditions, the need for, and details about, how to develop individual health care plans, varying roles and responsibilities across school, health and local authorities and details how medications should be managed on school premises.

Please also refer to the Bolton Council policy for access to education for school age children and young people with medical needs. This policy sets out the core duties of governing bodies and schools, the local authority and health services and also sets out the local offer for children and young people with medical needs in Bolton. This policy also has a model Individual Health Care Plan along with details of how to make a referral to the multi-agency medical panel.

Statutory Guidance for Looked After Children (LAC) and previously Looked After Children – Local Authorities

Special educational needs (SEN)

Looked-after children and previously looked-after children are significantly more likely to have SEN than their peers. Of those with SEN, a significant proportion will have Education, Health and Care Plans (EHC plans). In these circumstances the Virtual School Head (VSH) should ensure that:

- the special educational needs and disability (SEND) code of practice 0 to 25 years, as it relates to looked-after children, is followed;
- for looked-after children, that their EHC plan works in harmony with their care plan and PEP to tell a coherent and comprehensive story of how the child's needs are being met. Professionals should consider how the statement/EHC plan adds to information about how education, health and care needs will be met without unnecessarily duplicating information already in the child's care plan. Equally, the child's care plan should be fed into the care assessment section of the EHC plan; and
- any special educational support provided by schools for looked-after children with SEN but who do not need an EHC plan, is looked at as part of the child's PEP and care plan reviews, involving Special Educational Needs Co-ordinators (SENCOs) where necessary.
- Some children may have undiagnosed special needs when they start to be looked after. As part of the PEP process, there should be robust arrangements in place to ensure that any undiagnosed SEN are addressed through the SEND framework as soon as possible.
- For previously looked-after children, the SENCO, class teacher, designated teacher and the specialists should involve parents when considering interventions to support their child's progress. They should agree the outcomes to be achieved through SEND support, including a date by which progress will be reviewed. VSHs may be invited to comment on proposed SEND provision.
- Section 19 of the Children's and Families Act 2014 is clear that when supporting young people with SEN, the authority must have regard to the need to support and help them to achieve the best possible educational and other outcomes. For children and young people in or beyond Year 9 (aged 13-14) with EHC plans, local authorities have a legal duty to include provision to assist in preparing for adulthood in the EHC plan review. There are four preparing for adulthood strands that should be considered; employment, independent living, participation in society/community inclusion and health. In line with these duties and the corporate parenting principles, the VSH should encourage high aspirations for children, focussing on their strengths and capabilities and the outcomes they want to achieve.

Statutory guidance for Looked After and previously Looked After Children – designated teachers

For children who are LAC, the SENCO and designated teacher should work closely together in order to ensure that the needs of the child are identified and met in a timely and appropriate manner. As such the following should be considered:

- How does the school ensure prompt identification of SEN of looked-after and previously looked-after children?
- Are carers of looked-after children informed that the child has SEN and that they can get help from the Information, Advice and Support Services?
- How are carers/social workers involved in assessments and reviews?
- How are young people involved in reviews and target setting?
- Is the level of support given to looked-after children with SEN sufficient and meeting their needs considering their status?

- Is the SENCO (where appropriate) involved in PEP, care and, if applicable, EHC plan reviews?
- Are there particular staff training needs in connection with meeting the needs of looked-after and previously looked-after children?

LAC Statutory Care Plan Reviews, Personal Education Plan (PEP) reviews and EHCP reviews

Many looked-after and previously looked-after children have suffered disrupted learning, may have missed extended periods of school, and many of them have special educational needs (SEN). The gaps in their learning and, in many cases the emotional impact of their experiences, are likely to have become significant barriers to their progress.

National attainment data for looked-after and previously looked-after children shows that they do not perform as well at Key Stage 2 and Key Stage 4 when compared to non-looked-after children.

All looked-after children must have a care plan. This is drawn up and reviewed by the local authority responsible for the child. It should identify intended outcomes and objectives for the child and provide the framework to work with the child and carers in relation to their emotional and behavioural development, identity, relationships and self-care skills. The care plan must also include a health plan and a PEP.

The PEP is a record of the child's education and training. It should describe what needs to happen for a looked-after child to help them fulfil their potential and reflect, but not duplicate, any existing plans such as EHC plans. The PEP should reflect the importance of a personalised approach to learning that meets the child's identified educational needs, raises aspirations and builds life chances.

LAC Statutory Care Plan reviews **MUST** take place every 6 months, the PEP document is a 'living and working' document to be updated each term at the PEP meeting. Annual Reviews of the EHCP take place every 12 months and ideally should coincide with one of the PEP reviews.

Please note that, whilst a PEP may highlight difficulties a LAC is having making progress in school or may even start to discuss whether a particular school is the correct placement, changes to an EHCP can only happen by following the Annual Review of an EHCP process.

School exclusions

The past experiences of looked after and previously looked after children can impact on their behaviour. It is important to remember this when considering how best to support the child or young person with their learning and the design and application of school's behaviour policies. It is also important to ensure that those supporting looked after and previously looked after children are aware of, and/or able to access training relating to, attachment difficulties/disorders in order to ensure a full understanding of the child's needs. Please refer to the social, emotional and mental health resources and on-line training information on pages 63 and 64.

Local authorities and schools must have regard to the Department's statutory guidance *Exclusions from maintained schools, academies and pupil referral units in England*. In line with that guidance, head teachers should, as far as possible, avoid excluding any looked-after child. VSH should build relationships with Governing bodies, head teachers and designated teachers to support this. VSHs should ensure that carers and social workers know where to seek advice about their role and responsibilities regarding exclusions.

Where a school has concerns about a looked-after child's behaviour, the VSH should be informed at the earliest opportunity so they can help the school decide how to support the child to improve their behaviour and avoid exclusion being necessary. VSHs should be proactive in building relationships with head teachers, designated teachers, school's pastoral and behaviour leads, the special educational needs co-ordinator (SENCO) and carers to enable this.

Where a child is at risk of or has been given a fixed-term or permanent exclusion, the VSH, working with others, should:

- 
- Consider what additional assessment and support (such as additional help for the classroom teacher or one-to-one therapeutic work) needs to be put in place to help the school address the causes of the child's behaviour and prevent the need for exclusion. *The Department for Education's advice for school staff on mental health and behaviour in schools* may be helpful; and
 - Make any additional arrangements to support the child's on-going education in the event of an exclusion. Where a child has been permanently excluded, this will include rapidly securing new educational provision in line with the child's needs and PEP.
 - Where a school has concerns about the behaviour of a previously looked-after child which could result in the child being excluded from school, the child's parents or the school's designated teacher, following discussions with the child's parents, may seek the advice of the VSH on strategies to support the child to avoid exclusion.

Early Help Process

Early Help means providing support as soon as a problem emerges, at any point in a child's life. For this to be effective, all agencies are required to work together to:

- Identify children and families who would benefit from support early
- Undertake an assessment of need
- Provide services to address those needs

This might mean when a child:

- Is disabled and has specific additional needs
- Has special educational needs (whether or not they have an Education, Health and Care Plan)
- Is a young carer
- Is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- Is frequently missing/goes missing from care or from home
- Is at risk of modern slavery, trafficking or exploitation
- Is at risk of being radicalised or exploited
- Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- Is misusing drugs or alcohol themselves
- Has returned home to their family from care
- Is a privately fostered child

All schools are responsible for using standard ways of working with families to identify the right support that can be delivered quickly to prevent things from getting worse. They have a responsibility to share information, work together and co-ordinate action plans.

The Early Help process is central to the early identification of SEND and to the co-ordination of support for children and young people with SEND. This is the process through which SEN Support should be co-ordinated. In addition, if during a review of an Early Help Assessment following an assess, plan, do, review cycle further specialist assessment is needed for example a referral to BSCIP or a support service such as Educational Psychology, Ladywood Outreach or Behaviour Support this can be made using an Early Help Assessment.

Upto 31st December 2020: The Integrated Working Team provides advice, support, guidance documents and training on Early Help processes. They can be contacted on: telephone: **01204 331392** or Email: boltonISA@bolton.gov.uk.

From 1st January 2021, the Early Help Access Point will offer support to practitioners, providing information, advice and guidance, pathway navigation support and resource directory services. Details of how to contact the Access Point will be included in the link below from 1st January 2021.

For further information, and helpful resources, relating to the Early Help process in Bolton please refer to: <https://www.boltonsafeguardingchildren.org.uk/early-help-working-together>.

Identification of SEND in Bolton

Feedback from both SENCOs and parents is that more detailed guidance relating to the accurate identification of SEND in Bolton would be helpful. In addition to this valuable feedback, analysis of data indicates that the identification of different types of special educational needs in Bolton differs to elsewhere in the country suggesting that we are currently over identifying some types of needs (particularly MLD) and under identifying other types of needs (particularly SpLD and ASD). This is detailed in the table below:

Need	Primary Schools Academic Year 2018-2019		Secondary Schools 2019 Academic Year 2018-2019	
	% of children identified with this need in Bolton	% of children identified with this need nationally	% of children identified with this need in Bolton	% of children identified with this need nationally
MLD	30.1	19.2	41.0	21.7
SLD	0.7	0.6	0.4	0.6
SpLD	6.1	9.0	12.3	18.3
SLCN	30.8	31.9	10.8	9.7
ASD	5.4	7.3	6.7	10.1
SEMH	15.1	16.0	17.4	19.9

Categorisation of need

The guide below provides a quick reminder in terms of the descriptors of different needs. If you are in any doubt please discuss individual children with either the Ladywood Outreach Service or the Educational Psychology Service.

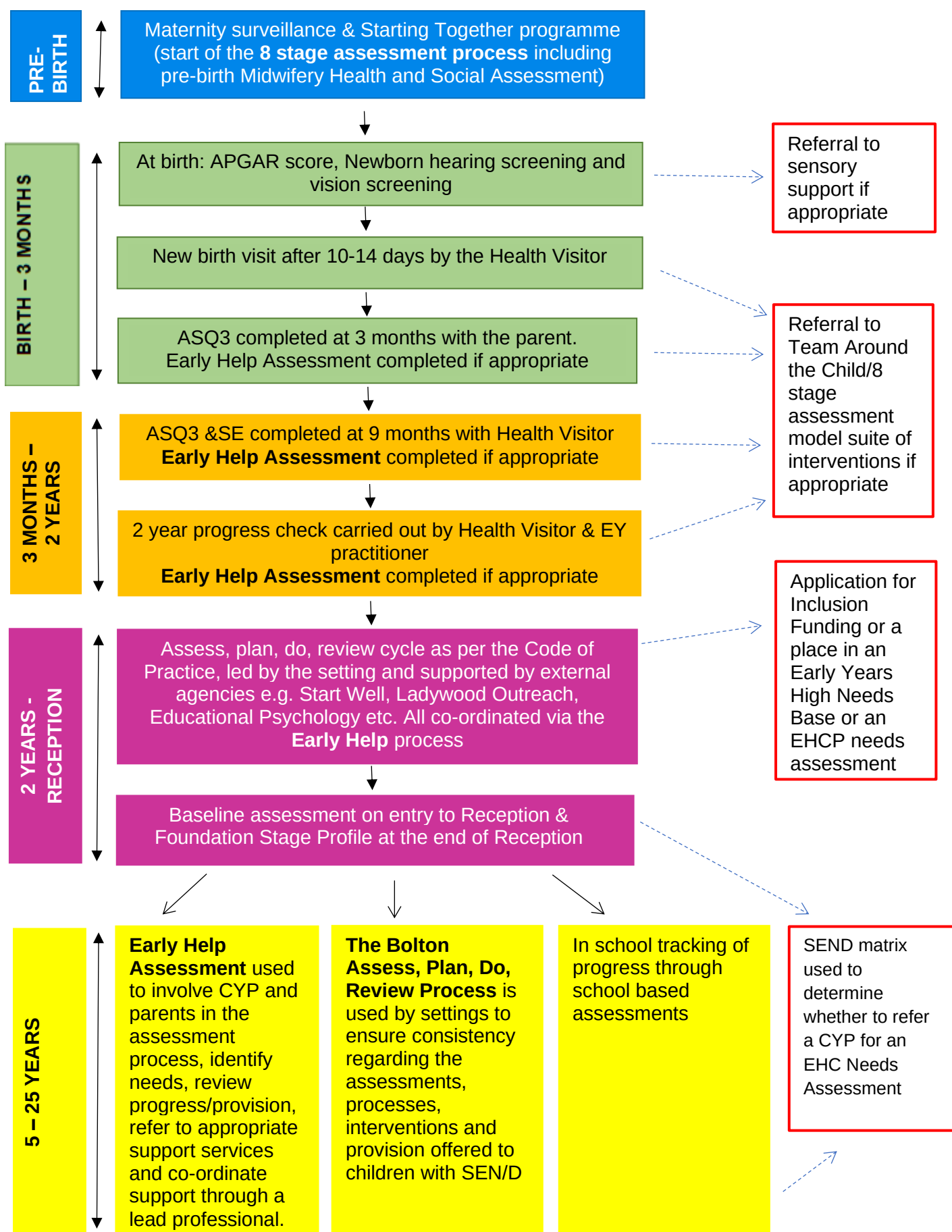
Cognition and Learning	
Specific learning difficulties (SpLD)	Dyslexia, dyscalculia or dyspraxia – children do not need to have a formal diagnosis to be identified as having a specific learning difficulty for the purpose of the school census.
Moderate learning difficulties (MLD)	Generalised learning difficulties across all curriculum areas despite appropriate intervention including difficulties in adaptive functioning such as communication, social skills, independence and self-care etc. IQ between 50 and 70.
Severe learning difficulties (SLD)	Significant learning difficulties resulting in pupils being expected to be assessed using the Engagement Model for most of their education i.e. to the end of Y11. IQ below 50 and achieving at less than 50% of that expected for their age across all areas, including adaptive behaviour.

Profound and multiple learning difficulties (PMLD)	In addition to very severe learning difficulties, pupils will have other significant difficulties, including physical difficulties, sensory impairment(s) and/or severe medical difficulties. Pupils with PMLD are likely to need sensory stimulation and a curriculum broken down into very small steps. Pupils are highly likely to be assessed using the Engagement Model throughout their school life i.e. to the end of Y11.
Communication and Interaction	
Speech, Language and Communication Needs (SLCN)	Recognised speech and language difficulties that significantly impact on a child's ability to understand what is said to them, communicate with others or speak clearly.
Autism Spectrum Disorder (ASD)	Children with a diagnosis of Autism who demonstrate significant difficulties in the areas of; social communication, social interaction and restricted and repetitive patterns of behaviour/interests.
Social, Emotional and Mental Health	Those with a recognised underlying mental health difficulties such as anxiety, depression, self-harm, substance misuse, eating disorder or other physical symptoms that are medically unexplained and those with other recognised difficulties that impact on a child's social and emotional presentation such as ADD, ADHD or attachment disorder. Some children presenting with social and emotional difficulties will be disaffected rather than have SEND.
Sensory/Physical Needs	
Visual impairment (VI)	Those recognised as having a severe sight impairment or a sight impairment
Hearing impairment (HI)	Those recognised with a profound, severe or moderate hearing loss.
Multi-sensory impairment (MSI)	Those with significant hearing and visual impairments.
Physical Difficulty (PD)	Those with additional physical needs that result in them requiring ongoing support to physically access the opportunities available to their peers.

If you are a SENCO please make sure that you regularly cross reference the information on SIMS with your SEN register to make sure that SIMS is accurate. You should also be involved in checking the school census data return for SEND in your school. This is extremely important as it is used to give a national picture of SEND as well as a local picture (as above) and so we need to ensure that the data returned in relation to SEND in Bolton is accurate.

The overall process for the identification of SEND in Bolton, starting pre-birth, is detailed in the flow chart on the next page. This is followed by some guidance for SENCOs and class teachers including a description of each area of need, characteristics to look out for when identifying needs and how teachers can make their classroom environments 'SEN Friendly' in response to different needs.

Identification of SEND in Bolton





Helpful questions for discussions with parents/carers in order to jointly identify a child's needs

General

- What is your child good at/what are their strengths?
- What is working well at the moment?
- What could be going better?
- Do you have any concerns about your child's development?
- What can we work on together?
- What is important for us to talk about today that will help me to appreciate your circumstances and to learn about your child, their strengths, their needs and your hopes/priorities?

General Health/Physical Development:

- Is the child under/have they ever been under a paediatrician?
- Are there any known medical conditions?
- Were there any complications at birth?
- Did the child meet their early developmental milestones e.g. crawling, walking, talking etc?
- Are there any issues with toileting, feeding, sleeping, drinking?
- Are there any known hearing or visual impairments or do you have any concerns about these?
- Are there any issues with fine gross motor skills, body awareness and balance, are they under/over active?
- Are Occupational Therapy or Physiotherapy involved, or have they ever been involved?

Speech and Language

- Was the child late to begin to talk?
- Can the child communicate effectively with others/is their speech intelligible?
- Is there a Speech Therapy programme in place in school or have Speech and Language Therapy ever been involved?
- What is the child's preferred communication style?
- What non-verbal strategies does the child use to communicate?
- Is the child able to understand what is said to them without the use of context, routine or visuals?

Social and interaction skills

- What are the child's relationships like with adults and peers?
- How does the child play/socialise with other children e.g. are they able to share and take turns?
- Can the child initiate interactions and do they want to?
- Does the child have any particular special interests?

Behaviour/emotions

- How do they express their emotions or how aware of their emotions are they?
- Are they able to self-regulate their emotions?
- Are there any diagnosis or medical issues that may affect behaviours (including medication)?
- Are there any indicators of low self-esteem / self-image or any difficulties with early life experiences?



Learning

- Is the child making progress?
- Is the child able to remember what they have been taught?
- Is the child able to generalise skills to other contexts?
- What tasks is the child able to complete independently?
- Does the child ask for help when needed?

Social Wellbeing

- What is important to the child?
- What does the child do outside of school? Do they see friends, attend groups, clubs or activities? What are their hobbies or interests? Where do they go to do these things? Do they face any challenges or barriers accessing these activities?
- In their day to day lives, what is going well for the child and their family?
- What support do they receive from family, friends, community members and other professionals?
- What do the child and family find difficult, challenging or stressful? What is not working well?
- Is the child safe at home and in the community? Do they feel safe?
- Has the family had any previous social care assessments or involvement?
- Does the family know how to access Local Offer and Family Information Services?

End to the meeting

- Agree joint priorities for work.
- Agree clear outcomes to be achieved.
- Agree what the school/setting will do and what parents can do to support.
- Arrange a date to review the plan that has been developed.

Identification of Dyslexia

Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling.

Dyslexia occurs across the range of intellectual abilities and it is best thought of as a continuum, not a distinct category, and there are no clear cut-off points. Co-occurring difficulties may be seen in aspects of language, motor co-ordination, concentration and personal organisation, but these are not, by themselves, markers of dyslexia.

Areas of concerns	Typical indicators
A lack of progress in reading and/or spelling	Lack of progress despite the use of evidence based reading and spelling interventions used consistently over a period of time
Phonological awareness	Lack of awareness re grapheme to phoneme correspondence. Difficulties with auditory discrimination Difficulties with phoneme manipulation e.g. blending and segmenting Poor word attack skills so over reliant on the use of context, picture clues or sight vocabulary etc Mishear/mis-sequence sounds within a word when writing Bizarre unusual spellings
Verbal short term or working memory	Difficulties with retaining information over a short period of time for example the order of phonemes in a word, blending, remembering lists and instructions etc Difficulties following lessons and instructions Short attention span Difficulties planning work Difficulties with mental maths Limited/inconsistent retention over time
Verbal processing speed	Slow, hesitant reading/writing Slow response to instructions/conversation Need for additional thinking/planning time
Visual difficulties (including visual stress)	Sensitivity to white, reflective surfaces Reports of text blurring, moving or falling Confusions between visually similar letters e.g. b/d/p etc Slow hesitant reading Difficulties tracking texts Frequently rubs eyes Headaches
Motor processing issues	Difficulties with speech production when reading Poorly formed handwriting Slow writing speed Poor cursive writing Difficulties writing on the line Omits letters from familiar words Difficulties with co-ordination e.g. shoe laces/buttons, using a knife and fork, dressing and catching a ball etc
Sequencing issues	Ordering phonemes in words Learning the alphabet/days of the week/months of the year etc Frequently crosses out work



Features of a Dyslexia Friendly School/Classroom

- The use of multi-sensory teaching approaches.
- Giving pupils adequate thinking time before expecting a response.
- Use of alternative means of recording for example mind maps, ICT, verbal responses, diagrams etc.
- Use of effective differentiation.
- All pupils are able to see the board easily.
- All students have space to write comfortably.
- Use of a pastel background on the whiteboard to avoid glare.
- Use of colourful visuals and large font used to highlight keywords.
- Staff CPD focusing on dyslexia so that staff are aware of the signs of dyslexia and how to support pupils with dyslexia.
- Parental involvement in planning, learning and decision making.
- Screening programmes and early intervention programmes in place.
- Use of the Bolton Dyslexia pathways to plan for children experiencing literacy difficulties and track response to interventions and progress.
- Marking is based on knowledge rather than the presentation of work/spellings etc.
- Effective use of ICT to support pupils.
- Use handouts/date stamps etc to avoid pupils with dyslexia having to copy large amounts of writing from the board.
- Chunking instructions and tasks to reduce the reliance placed on working memory.

What is Dyscalculia: What to look out for

Dyscalculia is a learning difficulty affecting the normal acquisition of arithmetic skills / age appropriate numeracy skills.

Dyscalculia occurs across the range of intellectual abilities and it is best thought of as a continuum, not a distinct category, with no clear cut-off points. Co-occurring difficulties may be seen in aspects of language, motor co-ordination, concentration and personal organisation, but these are not, by themselves, markers of dyscalculia.

Areas of concerns	Typical indicators
A lack of progress in numeracy skills	Lack of progress despite the use of evidence based numeracy interventions used consistently over a period of time ranging from rote learning of arithmetic facts to developing strategies for solving arithmetic exercises
Number sense	Poor sense of number and estimation Limited understanding of how numbers relate to each other for example that 13 is closer to 10 than 20. Subitising difficulties – recognising the number of objects without having to count them Difficulties understanding the quantity of number Difficulties when counting forwards and backwards from differing and less familiar starting points. Difficulties in understanding place value
Memorisation of arithmetic facts	Difficulty in remembering 'basic' facts such a multiplication tables or number bonds, despite many hours of practice / rote learning Forgetting mathematical procedures
Accurate and fluent calculation	Addition is often the default operation Slow to perform calculations Weak mental arithmetic skills Difficulties switching between different operations
Accurate math reasoning	Difficulties understanding the language of mathematics Difficulties recognising patterns Difficulties in generalising previous learning Difficulties applying maths skills to different contexts
Mathematics anxiety	May report a level of mathematics anxiety May avoid tasks perceived as difficult that may result in a wrong answer
Verbal short term or working memory	Difficulties with retaining and manipulating information mentally for example holding numbers in mind in order to calculate the answer to a mental maths question Difficulties following lessons and instructions Difficulties planning work Limited/inconsistent retention over time
Motor processing issues	Poorly formed numbers/layout of work

What makes a Dyscalculia friendly School/Classroom

- The use of multi-sensory visual approaches to the teaching of number e.g. Numicon.
- Use of concrete materials and practical activities e.g. Cuisenaire rods, base 10 numerals and the Invicta Balance.
- Chunking instructions and tasks to reduce the reliance placed on working memory.
- Giving pupils adequate thinking time before expecting a response.
- Use of effective differentiation.
- Use of handouts/date stamps etc. to avoid pupils with dyscalculia having to copy large amounts of information from the board.
- Use of visual aids to help recall information when needed e.g. a table of addition facts to 20, multiplication facts or visual representation of number bonds to 10.
- Use of squared/graph paper to help keep columns and numbers straight.
- Use of mind maps to support the pupil to understand how their learning links together so that they are better able to build on previous learning.
- Teach more than one way to solve mathematical operations.
- Try to understand the pupil's errors and ask them to explain verbally how they arrived at a particular solution.
- Provide examples and try to relate problems to real-life situations.
- Directly teach the language of mathematics.
- In the early stages of teaching new mathematical skills ensure that mathematical problems are free of large numbers and unnecessary calculations.
- Opportunities for the overlearning and repeated practise of basic maths skills throughout the day.
- Opportunities to practice subitising/recognising differing quantities (presented in the form of arrangements of dots such as those seen on dominoes and dice).
- Practice at counting in different quantities from differing start points both forwards and backwards.
- Make use of mnemonics and visual prompt cards to assist pupils in memorising rules, formulae and tables.
- Allow pupils to use computers and calculators especially to self-correct.
- Parental involvement in planning, learning and decision making.
- Marking is based on knowledge rather than presentation of work etc.
- Effective use of ICT to support pupils.
- Use of the Bolton Dyscalculia pathway to plan for children experiencing numeracy difficulties and track response to interventions and progress.
- Staff CPD focusing on dyscalculia so that staff are aware of the signs of dyscalculia.

What is Dyspraxia: What to look out for

Dyspraxia is a common difficulty affecting fine and gross motor-coordination.

Dyspraxia is also known as Developmental Coordination Disorder (DCD) and **is a condition affecting physical co-ordination. It causes a child to perform less well than expected in daily activities for their age and appear to move clumsily.**

Areas of concerns	Typical indicators
Fine motor skills	Difficulties holding a crayon, pen or pencil Poor handwriting and letter formation Writes slow and laboriously May complain of pain when writing Difficulty stacking blocks and threading beads Poor scissor skills and difficulty cutting and sticking Difficulty using equipment e.g. rulers, protractors and other tools
Gross motor skills	Difficulties throwing or catching a ball or skipping Awkward or unsteady gait (walking) Difficulty going up or down stairs
Motor planning	Poor visual motor integration Poor spatial awareness Difficulty tying shoelaces, putting on clothes and other self-care skills Difficulty learning to eat with cutlery Difficulty making quick alterations to own body position Difficulty learning and transferring new motor skills Avoids participation in physical or motor-based activities
Coordination	Can appear clumsy or poorly coordinated Frequently knocks things over, trips or drops objects Often bumps into other people or objects in their path
Sequencing issues	May experience difficulties putting clothes on in the right order or the right way round etc May experience difficulties sequencing the steps in a task May struggle with personal organisation May struggle to set their work out on a page



What makes a Dyspraxia friendly School/Classroom

- Break each task into small sections to be mastered one by one.
- Use of pencil grips, writing lines and templates.
- Provide a sloping board to lean on or non-slip mat to hold paper/books still.
- Consider alternative methods of recording – ICT, word processors, Dictaphones or a scribe.
- Use of special equipment the pupil finds helpful e.g. looped scissors.
- Position pupil away from busy routes in the classroom.
- Allow pupil extra time to complete work, with motor-breaks when needed.
- Allow pupil to pack up their equipment a bit early.
- Allow pupil to leave lessons early to avoid crowded corridors.
- The use of multi-sensory teaching approaches.
- Giving pupils adequate thinking time before expecting a response.
- Use of effective differentiation.
- Ensure there is adequate space for the pupil to write comfortably.
- Use of colourful visuals and large font used to highlight keywords.
- Staff CPD focusing on dyspraxia so that staff are aware of the signs of dyspraxia.
- Parental involvement in planning, learning and decision making.
- Referral to Occupational Therapy for further exploration of the pupil's fine and gross motor skills and coordination.
- Ensure marking is based on knowledge rather than presentation of work/spellings etc.
- Effective use of ICT to support pupils.
- Use handouts/date stamps etc. to avoid pupils with dyspraxia having to copy large amounts of writing from the board.
- Chunking instructions and tasks to reduce the reliance placed on working memory.
- Suggest loose fit clothing that is easy to put on / easy to take off and Velcro fastenings.
- Use of non-slip mats underneath a plate and/or chunky handled cutlery that is easier to hold and manipulate.

What are Moderate Learning Difficulties: What to look out for

Pupils with Moderate Learning Difficulties (MLD) will have attainments well below the expected levels in all or most areas of the curriculum, despite appropriate interventions. Pupils will have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have associated speech and language delay, low self-esteem, low levels of concentration and underdeveloped social skills.

Areas of concern	Typical indicators
Speech and language delay	Language skills may be more limited than expected for the child's age e.g. using short, simple phrases, or omitting words from sentences etc Possible word finding difficulties Difficulties with the use of grammar for example using the past tense and plurals etc. Difficulties understanding what is said to them Needing additional time to respond Needing the repetition and simplification of instructions May complete tasks inappropriately due to a lack of understanding Possible self/esteem behavioural difficulties arising from a lack of understanding/frustration and/or difficulties expressing themselves and making themselves understood.
Literacy skills	Difficulties making expected progress in all areas of literacy Difficulties acquiring basic literacy skills Reading comprehension difficulties Difficulties understanding complex information or learning new skills Difficulties answering open-ended test questions and word problems
Numeracy skills and sequencing	Difficulties making expected progress in all areas of numeracy Difficulties acquiring basic numeracy skills Difficulties learning basic math concepts May complete questions with little conceptual understanding Difficulties applying skills and knowledge Difficulty telling the time and understanding money etc.
Attention and Listening	Require physical/verbal prompts to gain their attention Require physical/verbal guidance to start a task and remain on task Likely to be distractible by environmental stimuli e.g. sound/movement Shows patterns of self-distraction in tasks not of their own choosing
Fine and gross motor skills	Difficulty controlling crayons, pencils and scissors, or colouring within lines Poor handwriting Trouble with difficult fastenings and learning to tie shoelaces
Independence and access to the community	Difficulties in self-care skills such as bathing, dressing and feeding Difficulties safely completing day to day tasks without guidance

What makes a Moderate Learning Difficulty friendly School/Classroom

- Carefully planned and differentiated work, broken down into small manageable tasks.
- Regular reinforcement of skills/knowledge to be mastered and the opportunity to practice and apply skills in everyday situations.
- Checking understanding at every stage.
- Demonstrating how to do things rather than just explaining them.
- Providing plenty of opportunities for multisensory, practical learning.
- Working on tasks in short, frequent bursts.
- Use of ICT to support learning, where applicable.
- Use of mind maps or other visual representations to identify what pupils already know/have learnt.
- Displaying key words on the wall, with pictures and/or symbols for pupils to refer to.
- Visual support systems such as visual timetables, targets on the desk, targets shown on the whiteboard, prompt cards (for example a card, with a picture, to remind a child to listen for their name) and photos could be used.
- A classroom environment that is not too cluttered and where equipment is clearly labelled.
- Careful seating arrangements that allow a child to be near to the front, and facing the teacher.
- Strategies to ensure a child is paying attention for example the teacher says their name before giving an instruction.
- Consistent vocabulary is used, where the same word is used all the time when teaching new subjects (for example take away is used, but not minus or subtract) and understanding is checked where necessary.
- Ensuring learning objectives are realistic for every lesson, and that success is achievable. This might mean that a child works on appropriately differentiated work, at the right level for them, with or without some extra support from a teaching assistant.
- Additional resources are available if needed, for example IT software, alternative recording sheets with less information or where less writing is needed, work planning sheets etc.
- Staff CPD focussing on supporting learners with moderate learning difficulties.

Identification of Speech, Language and Communication Difficulties

Speech, language and communication difficulties refer to problems in communication and related areas such as oral motor function. These difficulties include simple sound substitutions, difficulties using language appropriately, the inability to understand or use language and the oral-motor mechanism for functional speech and feeding.

Areas of concern	Typical indicators
Spoken language – phonological difficulties	Difficulties with the auditory discrimination of speech sounds. Oro-motor difficulties. Difficulties with the production of speech sounds in isolation and/or in words. Difficulties sequencing sounds in words.
Attention and Listening	Require physical/verbal prompts to gain their attention. Require physical/verbal guidance to start a task and remain on task. Highly distractible by environmental stimuli e.g. sound/movement. Shows patterns of self-distraction in tasks not of their own choosing. May not offer visual attention to tasks/objects/people. Does not respond to instructions in a small group setting but they are able to respond to in a one-to-one situation.
Expressive language	Limited vocabulary and may often use a lot of non specific language (e.g. 'thingy' 'whatsit'). Hesitation when responding. Substitute words of a similar sound/meaning. Appear to forget new vocabulary. Rarely participate in class discussions. Difficulties joining words together into sentences. Difficulties with the use of grammar for example using the past tense and plurals etc. Difficulties acquiring age appropriate literacy skills. Possible self-esteem/behavioural difficulties arising from difficulties expressing themselves and making themselves understood.
Receptive language	Difficulties with attention and listening. Limited understanding of what is said to them. Need additional time to respond. Need the repetition and simplification of instructions. Copy what others have said / echolalia. Complete tasks inappropriately. Possible self-esteem/behavioural difficulties arising from a lack of understanding/frustration.
Communication difficulties	Difficulties with non-verbal communication for example body language, facial expression, eye contact, gesture and signing. A lack of understanding re conversational skills and rules, for example listening, turn taking, knowing when and how to start and finish conversations, how to change the topic of conversations, and the ability to use language in different ways.

Features of a Speech and Language friendly School/Classroom

- Visual support systems such as visual timetables, targets on the desk, targets shown on the whiteboard, prompt cards (for example a card, with a picture, to remind a child to listen for their name) and photos are used.
- A classroom environment that is not too cluttered and where equipment is clearly labelled.
- Teaching that incorporates the use of visual and tactile approaches including the use of real objects, practical activities, pictures and video.
- Staff using non-verbal communication to support what they are saying, for example gesture, pointing – or maybe signing.
- Careful seating arrangements that allow a child with SLCN to be near to the front, and facing the teacher, for example tables placed in a horseshoe shape or tables that can be easily moved around.
- Children given time to respond to allow time for thinking. Time for planning work is also allocated before children are required to begin writing, for example in literacy children are given extra time to think about the key things to include in a story such as the main characters / what is going to happen, etc.
- Strategies are used to ensure a child is paying attention for example the teacher says their name before giving an instruction.
- Language is not too complicated and instructions are short and repeated when needed.
- Consistent vocabulary is used, where the same word is used all the time when teaching new subjects (for example take away is used, but not minus or subtract) and understanding is checked where necessary.
- Opportunities for a child to work at their own level, following their own task or targets if needed. This might mean that a child works on slightly different work, at the right level for them, with some extra support from a teaching assistant.
- Additional resources are available if needed, for example IT software, alternative recording sheets with less information or where less writing is needed, work planning sheets.
- School staff will have accessed ELKLAN training.
- Classroom staff will be aware of speech and language therapy (SALT) goals and targets and incorporate these into lessons wherever possible.
- Pre-teaching of vocabulary.
- Interactive displays are used to support communication.
- Opportunities for pupils to have structured conversations with both adults and their peers.
- Staff CPD focussing on speech, language and communication needs.

What is an Autism Spectrum Disorder: What to look out for

Autism Spectrum Disorder (ASD) is a lifelong, developmental condition that affects how a person communicates with, and relates to, other people and how they experience the world around them. Difficulties usually centre around social interaction, social communication and limited interests. Co-occurring difficulties may be seen in aspects of language, concentration and sensory processing.

Areas of concern	Typical indicators
Social interaction	Difficulty making eye contact. Difficulty responding to a social smile or other facial expressions. Difficulty looking at objects or events that adults are looking at or pointing to (i.e. establishing joint attention). Struggles to show empathy or concern for others. Often appear uninterested or have difficulty making friends. Literal understanding and difficulty reading between the lines / understanding idioms and metaphors.
Communication difficulties	Speech may be present but not used for spontaneous communication. A lack of understanding re conversational skills and rules, e.g. listening, turn taking, knowing when and how to start and finish conversations and how to maintain the topic of a conversation. Difficulty understanding gesture, facial expression and body language. Difficulty understanding what is socially appropriate. Repeats exactly what others say without understanding the meaning (echolalia). May have a good ability to rote learn, especially numbers, letters, songs or specific topics.
Imagination	Difficulty thinking in abstract terms. Difficulty imagining situations that are not part of their daily routine. Repetitive behaviours or play patterns e.g. filling and emptying, transporting, opening and closing. Difficulty generalising skills learnt in isolation.
Interests and behaviour	Routines, order and rituals are important. Difficulty with change. Often obsessed with a few or unusual activities. Plays with parts of toys instead of the whole toy (e.g. spinning the wheels of a toy car). May repeat words (echolalia) or behaviours.
Sensory	Difficulties processing sensory information. May be very sensitive (hypersensitive) or not sensitive at all (hyposensitive) to smells, sounds, lights, textures and touch. Unusual use of vision or gaze – looks at objects from unusual angles. May engage in some stereotyped movements for example rocking, spinning, swaying, twirling fingers, walking on tip toes or flapping hands. May be under sensitive to pain.



Attention and Listening	Poor response to their name being called. Often require physical/verbal prompts to gain their attention. Often require physical/verbal guidance to start a task and remain on task. Highly distractible by environmental stimuli e.g. sound/movement. May show patterns of self-distraction in tasks not of their own choosing. May not offer visual attention to tasks/objects/people. May not respond to instructions in a small group setting that they are able to respond to in a one-to-one situation.
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What makes an ASD friendly School/Classroom

- Clear and consistent routines, expectations and boundaries.
- Prepare the pupil for any changes to their routine.
- Give verbal warnings that an activity is about to end.
- Use of visual supports and approaches to help the pupil to better understand the routine and the school day, this can include approaches such as 'Now and Next'.
- Simplified language where needed with instructions being repeated for those who need it with the use of visual cues, symbols or pictures alongside words to make instructions easier to follow.
- Avoid the use of non-literal language during lessons (sarcasm, metaphors or idioms).
- Staff using non-verbal communication to support what they are saying, for example gesture, pointing – or maybe signing.
- Consideration of ways to incorporate the pupil's interests into lessons.
- Give children time to respond to allow time for thinking.
- A classroom environment that is not too cluttered and where equipment is clearly labelled. Try to keep things simple and distraction free wherever possible.
- Consideration of the school environment, thinking about how you can make it more comfortable. For example, a pupil who struggles to block out background noise may benefit from the use of ear defenders.
- Careful seating arrangements that allow a child with ASD to be near to the front, and facing the teacher, for example tables placed in a horseshoe shape or tables that can be easily moved around.
- Use of a stress scale to turn emotions into more concrete concepts e.g. The Incredible 5 Point Scale.
- Use of social stories to teach particular social skills and to develop greater social understanding.
- Use of a time out or exit pass to indicate to staff when they are feeling anxious and need to leave the classroom.
- Access to a safe and quiet place for the pupil to access when they feel anxious or are overloaded by sensory stimuli.
- Incorporation of the explicit teaching of social skills and social understanding during PSHE lessons.
- Visual support systems such as visual timetables, targets on the desk, targets shown on the whiteboard, prompt cards (for example a card, with a picture, to remind a child to listen for their name) and photos are used.
- Strategies are used to ensure a child is paying attention for example the teacher says their name before giving an instruction.
- Consistent vocabulary is used, where the same word is used all the time when teaching new subjects (for example take away is used, but not minus or subtract) and understanding is checked where necessary.
- Additional resources are available if needed, for example IT software, alternative recording sheets with less information or where less writing is needed, work planning sheets.
- Classroom staff will be aware of any speech and language therapy (SALT) goals and targets and incorporate these into lessons wherever possible.
- Staff CPD focussing on social, communication and interaction needs.

What are Social, Emotional and Mental Health (SEMH) Needs: What to look out for

Children or young people with SEMH may experience a variety of social and emotional struggles that can affect their wellbeing. These needs can sometimes be the result of underlying mental health issues such as anxiety or depression, self-harming behaviours, substance misuse or eating disorders. Other children or young people may have disorders such as attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), Autism Spectrum Disorder (ASD) or attachment disorder.

Areas of concern	Typical indicators
Emotional regulation	Quick and significant changes in personality or behaviour. Changes in mood (sadness, withdrawal, mood swings). Difficulties regulating emotions. Emotional outbursts. Intense feelings (worry or fear). Temper tantrums.
Withdrawn and depressed attitudes	Very quiet or withdrawn. Easily upset. Tires easily. Self-harming or suicidal thoughts. Feelings of worthlessness and hopelessness.
Disruptive, antisocial and uncooperative behaviours	Constantly talking to peers in class. Refusing to work. Walking out of lessons/around the classroom. Shouting out or at others. Abusive language or physical threats. Stealing or vandalism. Fighting and wanting to hurt other people.
Physical	Unexplained weight loss e.g. lack of appetite or vomiting. Poor appetite. Poor hygiene. Physical harm and self-harming. Frequently report physical ailments e.g. stomach aches/headaches.
Social	Difficulties trusting adults in positions of authority. Need to hold the teacher's attention. Quick to react to 'small' interactions e.g. someone looking at them, taking their pen or bumping into them. Difficulties making and maintaining friendships. Frequently falling out with peers. Bullying peers.
Attention and concentration	Poor concentration and memory. Appear disinterested or does not appear to be listening. Falling asleep in class. Easily distracted.
Attendance and punctuality	Late to school or lessons. Poor attendance. School refusal.
Exposure to Adverse Childhood Experiences (ACEs)	Physical, verbal or sexual abuse. Physical or emotional neglect. Parental separation/abandonment. Domestic abuse (this can be emotional/verbal as well as physical). Mental illness. Relatives in prison. Drug and substance use. Alcohol abuse. Living in a war zone.

What makes a Social, Emotional and Mental Health friendly School/Classroom

- Meet and greet every morning/lesson.
- Positive check-ins, as personalised as possible e.g. 'I like your new hair cut', 'I can see you've got a new coat' etc.
- Demonstrate that the child is being 'kept in mind' (e.g. I was thinking of you when...).
- If possible identify a 'key adult' and provide regular opportunities for the child to 'check in' with them.
- Clear and consistent routines, expectations and boundaries.
- Use of a visual timetable.
- Prepare the pupil for any changes to their routine.
- Break tasks into small steps to promote feelings of success.
- Use of a timer to delineate tasks and aid concentration.
- Give the pupil a job or role of responsibility.
- Consider seating the pupil next to a supportive peer/good role model.
- Respond in a calm and predictable manner and be aware of your own body language and facial expression.
- Use positive statements to redirect the pupil to the desired behaviour.
- Maintain high expectations and be mindful of labelling the child.
- Identify any possible triggers to behaviours (ABC charts, STAR charts, etc.).
- Give the pupil choices to allow them to feel more in control (although choices can sometimes overwhelm the child).
- Give compliance/take up time to allow the child to process their choices.
- Validate and empathise with the pupil's emotions and set limits on behaviour where necessary e.g. 'It's okay to feel angry, it's not okay to hit'.
- Use of social stories to teach particular social skills.
- Use of metaphors to describe emotions.
- Use of a stress scale to turn emotions into more concrete concepts as appropriate e.g. The Incredible 5 Point Scale.
- Ask the child to draw how they are feeling.
- Offer the pupil a movement break or walk.
- Access to mindfulness activities e.g. deep breathing, squeezing and relaxing muscles, focus on their five senses (sight, sound, smell, taste, touch).
- Use of a time out or exit pass to indicate to staff when they are feeling emotional and need to leave the classroom.
- Access to a safe a quiet place for the pupil to go when they are emotionally dysregulated.
- Be available to reconnect with the pupil following conflict.
- Adult support to help the pupil repair relationships and to problem solve.
- Staff CPD focussing on social, emotional and mental health needs.



Quality First Teaching

The Code of Practice (2014 para 6.37) is clear that high quality teaching, differentiated for individual pupils, is the first step in responding to pupils who have, or may have, SEN. Additional intervention and support cannot compensate for a lack of good quality teaching. Schools should regularly and carefully review the quality of teaching for all pupils, including those at risk of underachievement. This includes reviewing and, where necessary, improving teachers' understanding of strategies to identify and support vulnerable pupils and their knowledge of the SEN most frequently encountered.

The following resource is designed to support schools and SENCo's in ensuring that quality first teaching is in place for all pupils. As such this quality first teaching guidance is designed to form the basis of an inclusive teaching approach for any child with additional needs, for example those with SEND, LAC and EAL/INA children. This resource is designed to outline what the offer across Bolton, in terms of quality first teaching, should look like and to enable parents to understand what they can reasonably expect their child to have access to at a universal level before any more tailored support via SEN Support or an EHC Plan is needed. This resource can be used flexibly to support staff in their practice. For example it could form the basis of whole school or departmental training, SENCO's may select what they consider to be the most relevant points to support a teacher struggling to meet the needs of an individual child, group of children or whole class, it may be used as a self-evaluation tool or as a document to inform observations.

This resource will also be used as the basis for all SEN Support Service involvement, with evidence of quality first teaching forming a central part of any assessment. Advice given will initially centre on quality first teaching if this is not already in place as unless this crucial area of practice and provision is addressed, additional interventions and strategies are unlikely to be successful and result in the desired outcomes for the pupil.

The Bolton Offer - Quality First Inclusive Teaching and Learning for Everyone

Promoting a culture that values and supports the learning and wellbeing of all C/YP demonstrating an “inclusive setting ethos.”

Teaching and Learning

Quality First Inclusive Teaching and Learning: Teaching & Learning – Schools	Quality First Inclusive Teaching and Learning: Teaching & Learning – Early Years	Self- Assessment Y, N or Partial	How achieved?
Put routines in place that promote emotional wellbeing e.g. staff routinely ‘meeting and greeting’ all C/YP on entry to the classroom.	Put routines in place that promote emotional wellbeing e.g. key person routinely welcomes child into the provision.		
Ensure ongoing Curriculum Based Assessment is used to inform individual targets and responsive teaching. This should allow for immediate feedback and timely interventions to progress learning.	Ensure ongoing Assessment (EG EYFS/Developmental Journal) is used to inform individual targets and responsive teaching. This should allow for immediate feedback and timely interventions to progress learning.		
Ensure regular access to practical multi-sensory, hands on activities in the classroom to help C/YP learn and which supports and enhances Quality First Inclusive Teaching.	Ensure regular access to practical multi-sensory, hands on activities in the setting to help children learn and which supports and enhances Quality First Inclusive Practice.		
Provide activities, materials and communications that are carefully matched to individual outcomes and needs. For example access to specific resources e.g. coloured overlays, coloured paper, pencil grips and longer to complete tasks if needed etc.	Provide activities, materials and strategies that are carefully matched to individual outcomes and needs. For example access to specific resources such as visuals, chunky mark making tools and sensory toys.		

Ensure that there are regular daily routines, and clearly taught ways of doing things e.g. C/YP are taught what is expected and how to behave in terms of getting changed for PE, coming into school in the morning or going to lunch etc.	Ensure that there are regular daily routines in place for example around activity time, meal times, outdoor play and toileting whilst offering opportunities for independence at all times.		
Where required and recommended, the use of language in the setting is simplified and supported by pictures to see and/or objects to touch.	Where required and recommended, the use of language in the setting is simplified and supported by pictures to see and/or real objects to touch.		
Teachers promote vocabulary development in everyday teaching and learning for example explaining new vocabulary at the start of a lesson/topic and using visual supports.	Practitioners extend speech, language and communication skills in everyday learning by offering opportunities to hear, see and have access to a broad range of language.		
Teachers promote effective social communication skills in everyday teaching and learning for example via the use of small group work, talking partners, circle time/PSHE lessons or idiom of the week etc.	Practitioners promote effective social communication skills in everyday practice for example via the use of small group work, circle time, one to one support and access to continuous provision.		
Ensure explicit modelling of skills, outcomes and expectations.	Ensure quality of teaching and effective practice through intent, impact and implementation.		
Provide prompts and scaffolds to support independent learning including checklists, visual supports and task plans.	Practitioners provide support and guidance whilst children learn new and challenging skills, as the children learn new skills support is reduced and may be replaced with verbal or visual prompts until the skill is perfected.		

Foster a positive school climate in which C/YP are actively developing learning behaviours such as resilience, reciprocity, reflectiveness and resourcefulness.	Develop opportunities for children to actively access opportunities to explore characteristics of effective learning. E.g. Playing and exploring, active learning or creating and thinking.		
Regular, considered, descriptive and personalised praise is provided by all staff relating to the effort, progress and achievement of C/YP.	Regular, considered, descriptive and personalised praise is provided by all practitioners relating to the effort, progress and achievement of children.		
Teachers plan for short periods of targeted support to help address gaps in learning e.g. one off structured programmes which have been shown to be effective in maximising progress (for further information please refer to resources such as https://educationendowmentfoundation.org.uk/evidence-summaries/teaching-learning-toolkit/)	Practitioners plan for short periods of targeted support to help address gaps in learning e.g. one off structured activities which have been shown to be effective in maximising progress.		
Interventions are planned by a qualified teacher but understood and implemented by TA's.	Interventions are planned by practitioners and shared with the staff team to be implemented within the setting.		
Time is set aside for TAs and teachers to plan and review C/YP needs together.	Time is set aside for TAs and teachers to plan and review children's needs together.		

Physical Environment

Quality First Inclusive Teaching and Learning: Physical Environment – Schools	Quality First Inclusive Teaching and Learning: Physical Environment – Early Years Settings	Self- Assessment Y, N or Partial	How achieved?
Ensure that the school layout / surroundings take into account the needs of C/YP with SEND, e.g. seating arrangements, lighting conditions, keeping background noise to a minimum; organisation and labelling of teaching materials, consistent and meaningful use of a timetable that includes pictures/symbols/visual clues (for the class in the Early Years/primary setting and the individual C/YP in a secondary/college setting).	Ensure that the environment takes into account the needs of children with SEND, e.g. seating arrangements, lighting conditions, keeping background noise to a minimum; organisation and labelling of resources, consistent and meaningful use of a timetable that includes pictures/symbols/visual clues.		
Put systems in place to ensure that C/YP have access to a named quiet space in the school and regular access to supervised areas at unstructured times of the day e.g. a safe place to go to for C/YP who find lunch time challenging.	Put systems in place to ensure that children have access to a named quiet space in the setting and regular access to supervised areas at unstructured times of the day e.g. a safe place to go to for children who find particular times of the day challenging.		
Ensure that visual timetables, signs and symbols are routinely used to prepare C/YP and ease transitions throughout the day.	Ensure that visual timetables, signs and symbols are routinely used to prepare children and ease transitions throughout the day.		
Provide an appropriately staffed, appropriate environment for medical interventions and meeting personal hygiene needs.	Provide an appropriately staffed environment to meet all children's needs for example somewhere safe and quiet for medical interventions.		

Systems

Quality First Inclusive Teaching and Learning: Systems - Schools	Quality First Inclusive Teaching and Learning: Systems – Early Years	Self- Assessment Y, N or Partial	How achieved?
In a school the Special Educational Needs Coordinator (SENCo) will be a qualified teacher and have completed the National SENCo qualification or worked as a SENCo for at least 12 months before 1 st September 2009. EAL Coordinator will be a qualified teacher and ideally not the SENCo.	The Special Educational Needs Coordinator (SENCo) will have attended appropriate training in order to carry out their role and understand their responsibilities as stated in the SEND code of practice.		
Ensure regular communication between the setting and parents/carers. This should include being proactive in responding to concerns raised by parents and providing positive feedback as well as discussions about concerns.	Ensure regular communication between the setting and parents/carers. This should include being proactive in responding to concerns raised by parents and providing positive feedback as well as discussions about concerns.		
Implementation of an effective positive behaviour policy, including clear systems for giving rewards and sanctions, which are used consistently by all staff and adapted for individual pupils with SEND as appropriate. Implementation of an effective EAL policy with clear systems for supporting the induction and teaching and learning of INAs.	Implementation of an effective, positive behaviour policy, including offering praise and using reward systems which are used consistently by all practitioners and adapted for individual children with SEND as appropriate.		

Ensure systems are in place to facilitate the early identification of SEND and access to subsequent appropriate intervention (such as checklists, actions, record of concern, etc.)	Ensure the graduated approach (Assess Plan Do Review) cycle is in place to facilitate the early identification of SEND and access to subsequent appropriate strategies and interventions are available.		
Systems for C/YP to support each other, for which they are given appropriate training and ongoing adult support, e.g. playground buddies, classroom buddies, friendship benches, 'yellow cap buddies' playground support or peer mentoring.	Systems for children to develop relationships and support each other are in place e.g. play buddies, friendship benches or peer support.		

SEN Support

This section of the SEND Handbook is designed to provide guidelines to educational schools/settings on the graduated approach to Special Educational Needs and Disability and in particular the assess-plan-do-review process as outlined in the SEND Code of Practice.

These guidelines aim to:

- promote partnership working between the local authority and educational settings in identifying and meeting children/young people's special educational needs and disabilities;
- describe the provision that mainstream educational settings are expected to make at SEN Support for different areas of need;
- provide a basis for consistency and equity in terms of both provision and decision making across schools;
- provide a basis of consistency and equity in decision making for the funding of special educational needs by ensuring that a robust assess-plan-do-review process has been followed;
- develop a more robust system of identifying children/young people with special educational needs which is clearly linked to progress and outcomes;
- provide links to resources and on-line training that staff working with children with various needs can access to further develop their knowledge and skills;

This SEN Support section of the SEND handbook is process led, and it is assumed that it will be adopted with reference to the SEN Code of Practice. This documentation emphasises the need for an ongoing cyclical process involving children and young people and their parents. The guidelines and expectations outlined in this section build on the Quality First Teaching expectations in the previous section and are based on:

- Assessment
- Reflective and planned action
- Review and adaptation
- This SEN Support guidance sets out expectations in each of the following areas of need:
 - Cognition and Learning
 - Speech and Language and Communication Needs
 - Social Communication Needs/Autistic Spectrum Disorder
 - Social, Emotional and Mental Health Difficulties
 - Visual Impairment
 - Hearing Impairment
 - Physical Difficulties

There are 2 'waves' of the assess-plan-do-review process in some areas. Where this is the case it is expected that wave 2 will build on quality first teaching and wave 3 will build on wave 2, becoming increasingly specific and detailed. As such where a setting are working at wave 3 of the cognition and learning assess-plan-do-review process it is assumed that the quality first teaching and wave 2 approaches will continue to be in place, with wave 3 approaches building on these foundations.

*Throughout this document the term 'teacher' can mean teacher or key worker.

*Please refer to the SEN Support glossary on page 65 for explanations of the terms / acronyms used in this section.

Cognition & Learning Wave 2

Assess

	Ensure QFT is in place.
	Analysis of test and attainment data e.g. CATS, Reading Assessments, Spelling Assessments, internal test and TA data, WELLCOMM, ASQ etc.
	Detailed and targeted observation to illicit the strategies and techniques the individual uses.
	Complete moderation of work (written and other methods of recording) and identify gaps in learning.
	Assess staff knowledge and skills to help plan and deliver specific interventions for targeted pupils and identify training needs.
	Meeting and discussions involving child/young person, parents, SENCo and key staff.
	Complete pupil voice with child discussing strategies used where appropriate and ideas of 'what would help me'.

Ensure that the curriculum is accessible to the child, and assessment, including feedback, is appropriately pitched, for the individual. Identify clear smart outcomes.
Plan to improve working memory and vocabulary building.
Plan an intervention for specific gaps in learning – 1 term minimum.
Consider training implications for school team, class staff or key adult.
Consider how information is presented to child/ren e.g. VAK.
Plan to provide personal learning checklists e.g. word mats, manipulatives (concrete resources), success criteria, visual aids.
Consider how independence can be built or maintained in tasks through short bursts, over-learning, chunked activities, pre-teaching and booster sessions.
Consider groupings in classroom environment and other subjects areas.
Use of EHA Action Plan (if needed).

Plan

SEN Support (provided via schools own resources)

	Work closely with the child/young person, parents and outside agencies to review interventions / advice / progress.
	Identify and celebrate any progress made by the child since the development of this plan
	Identify any ongoing, or new and emerging, needs
	Plan next steps with the child/young person and parents
	Quality Assurance of curriculum delivery by SENCo or other appropriate member of staff
	Review teaching approaches for all lessons across subjects.
	Decide whether to continue at SEN Support with new outcomes/adapted strategies, move off SEN Support/make a referral to an appropriate agency
	Pupil passport and EHA reviewed
	Review any transition plans and be clear about what 'works' for the child/young person and who this information needs to be shared with.

These are suggested interventions but please refer to the Schools SEN Information Report for further details.
Use of specific programmes/resources e.g. Toe by Toe, mind mats, semantic links
Access to appropriate training for staff working with the child/young person
Implementation of advice/programme devised by or received from a support service
Develop a pupil passport with strengths and needs so all staff are aware of support that needs to be in place
Ensure appropriate resources are at hand, are understood by the child/young person and are used.
Ensure duplication of key resources to support with home learning.
Allow for more processing time (between 6 or 15 seconds)
Use reduced language e.g. "Daniel it's sitting" and model correct use of language

Do

Review

Cognition & Learning Wave 3

Assess

	Analysis of internal data over time / before and after intervention and impact of interventions.	Plan to ensure differing amounts of support and opportunity for independent work.	
	Assess specific areas of weakness and share with appropriate agencies / family.	Plan for interventions linked to working memory, metacognition, executive function and any emotional health and wellbeing needs that may stem from cognition and learning needs.	
	Assess staff knowledge of specific learning needs / weakness.	Use task analysis to break tasks down into their component parts and teach one step at a time	
	Complete moderation of work (written and other methods of recording) ensuring opportunity for independent work and specific skill application.	Plan for pre and post teaching of key concepts/lesson content to enhance lesson access.	
	Assess executive functioning and metacognition skills.	Consider training implications for school team, class staff or key adult linked to interventions and strategies.	
	More detailed assessment of cognition and learning needs by an external support service e.g. EPS/Ladywood Outreach etc.	Continue to ensure that the curriculum and feedback is accessible to the child, chunking activities, reducing cognitive load, providing opportunities for IT and alternative recording strategies, etc.	
	Assess needs using the SEN matrix for discussion.	Plan to provide personalised elements of curriculum linked to specific needs.	
	Review and re-assess actions on EHA action plan.	Consider groupings in classroom environment and other subject areas including best access to achieving success.	
	Re-assess passport and current strategies used in school.	Embed the use of the Instructional Hierarchy when planning (see references for further information) .	

Plan

SEN Support (provided via schools own resources)

Review

	Work closely with the child/young person, parents and outside agencies to review.	These are suggested interventions but please refer to the Schools SEN Information Report for further details.	
	Identify and celebrate any progress made by the child since the development of this plan.	Timetable to allow for intervention, pre-teaching, post teaching and booster sessions (in-school staff and other agencies).	
	Identify any ongoing, or new and emerging, needs.	Implementation of advice/programme devised by or received from a support service with ongoing support.	
	Plan next steps with the child/young person, parents and outside agency.	Ensure all aspects of the curriculum are appropriately differentiated and task analysis is used.	
	Quality Assurance of curriculum delivery by school staff alongside outside agency / outside agency.	Access to appropriate training for staff working with the child/young person.	
	Consider any other interventions, approaches and resources that the child may benefit from access to.	Share and communicate program with family to facilitate a consistency of approach / support between school and home.	
	Consider whether there are any emerging emotional health and wellbeing needs linked to difficulties accessing the curriculum.	Provide a bank of independent resources to enhance access to lessons e.g. talking tin, exit pass, visual support, timers, high frequency word lists, concrete resources etc.	
	Continue at SEN Support with new outcomes/adapted strategies, move off SEN Support/make referral to an appropriate agency/begin EHCP evidence gathering.	Actively teach alternative methods of recording if this is an issue for example touch typing/use of voice activated software.	
	Pupil passport and EHA updated.	When teaching ensure new learning is explicitly linked to existing knowledge to improve recall and retention.	

Do

Cognition and Learning

Relevant resources and links and on-line training

Downloadable SEN resources from www.senteacher.org

Strategies/programmes/resources to help close the attainment gap between children:

Teaching & Learning Toolkit

Instructional Hierarchy information: <https://www.interventioncentral.org/academic-interventions/general-academic/instructional-hierarchy-linking-stages-learning-effective-in>

Literacy interventions:

<http://www.interventionsforliteracy.org.uk/home/interventions/>

<http://www.interventionsforliteracy.org.uk/wp-content/uploads/2017/11/What-Works-5th-edition-Rev-Oct-2016.pdf>

Free On-line CPD for school staff

Dyslexia, QFT, Maths and Anxiety	http://vle.pupilschoolsupport.org/login/index.php
Dyslexia	http://addressingdyslexia.org/free-online-learning-modules https://www.helenarkell.org.uk/courses/free-training-for-teachers.php
Reading and Writing	https://www.open.edu/openlearn/education-development/education/involving-the-family-supporting-pupils-literacy-learning/content-section-0?active-tab=description-tab
MLD	http://www.advanced-training.org.uk/
SpLD	http://www.advanced-training.org.uk/

Speech, Language and Communication Needs Wave 2

Assess

	Ensure Quality First Teaching is in place.	Use EHA framework to plan next steps.	
	Liaise with class teacher to outline and clarify area of concern e.g., attention and listening, understanding, expressive language, vocabulary or speech sounds.	Review outcomes of the classroom audit tool and associated resources.	
	If social communication concerns exist in isolation please refer to the social communication graduated approach.	Plan and refresh staff training and development needs including access to recommended online training packages (Appendix 4).	
	Complete classroom audit tool from the Communication Trust (Appendix 1).	Plan for a friendship support group / buddy system in school to help develop social interaction and communication skills.	
	SENCO and key staff to meet and discuss concerns with the child or young person and their family.	Plan to implement small group teaching targeting language skills (Appendix 3).	
	Trial top tips for the area with most concern (Appendix 2).	Identification of SMART outcomes, share with child or young person (if appropriate) and their family.	
	Detail the impact of the SLCN on accessing the curriculum and social relationships.	Consider whether any further assessments are needed.	
	Assess staff knowledge and skills to help plan and deliver specific interventions for targeted pupils and identify training needs.	Consider whether visuals are needed to support understanding.	
	Complete pupil voice with child discussing strategies used where appropriate and any ideas of 'what would help me'.	Ensure the classroom environment provides an inclusive and supportive ethos for children with SLCN.	

Plan

SEN Support (provided via schools own resources)

	Liaise closely with the family and external agencies to review the strategies and support implemented	Ensure QFT is in place.	
	Review the impact of SLCN interventions and consider next steps.	Implement advice or programme devised by SALT/EP/Ladywood Outreach.	
	Identify and celebrate any progress made by the child since the development of this plan.	Ensure that teacher planning links intervention/any SALT programmes with learning in class to ensure continuity, overlearning and the application of skills/knowledge.	
	Review, update and manage language and vocabulary needs and support with visual resources within the classroom /lesson.	Create a multisensory environment that promotes language learning, verbal information should be supported with visual examples and learning by doing.	
	Review, update and manage academic progress focusing on the curriculum and social relationships	Accept all methods of communication; words, gestures, signs, symbols, written word (Total Communication).	
	Consider any other interventions, approaches and resources that the child may benefit from access to	Access appropriate training for staff.	
	Consider whether there are any emerging emotional health and wellbeing needs linked to the child's SLCN.	Implement the outcomes of the classroom audit tool and associated resources.	
	Pupil passport and EHA updated.	Create a visual approach to teaching and learning new concepts and ideas.	
	Continue at SEN Support with new outcomes/adapted strategies, move off SEN Support/make a referral to an appropriate agency / begin EHCP evidence gathering.	Consider creating a pupil passport detailing strengths and needs so all staff are aware of the support that needs to be in place.	

Review

Do

Speech, Language and Communication Needs – Wave 3

Assess

	Analysis of internal data over time / before and after intervention and impact of interventions.	Plan and refresh staff training and development needs including access to recommended online training.	
	Complete a detailed and targeted observation using standardised tools, e.g., Wellcomm, Communication Trust Progression Tools, & Talkboost etc (Appendix 1).	Plan for any further assessments required.	
	Consider the need for a more detailed assessment of speech, language and communication needs by an external support service e.g. SALT/EPs/Ladywood Outreach etc.	Plan for interventions including staffing, resources and adapting the environment.	
	Ensure that there are no underlying difficulties impacting on the child's SLCN e.g. more generalised learning difficulties/hearing difficulties etc.	Plan for a friendship support group / buddy system in school to help develop social interaction and communication.	
	Ensure that parent/carer and child views are gathered re what works well and areas of concern.	Plan for child or young person to access an appropriate communication environment, consider a quiet, low stimulus area for new skill teaching.	
	Assessment/observation of classroom learning environment and SLCN demands.	Plan to implement 1:1 opportunities to complete Speech and Language Therapist designed activities.	
	Trial top tips for all areas of concern (Appendix 2) .	Plan how to teach the child by reducing any barriers presented by their SLCN e.g. the impact of speech sound difficulties on reading acquisition etc.	
	Identify training needs of staff (Appendix 3).	Plan and agree the outcomes to be worked towards with the family and child/young person.	
	Review and re-assess actions on EHA action plan	Plan for pre and post teaching of key vocabulary/language concepts to enhance lesson access	

Plan

SEN Support (provided via schools own resources)

	Liaise closely with the family and external agencies to review the strategies and support implemented.	Implement updated advice or programme devised by SALT/EP/Ladywood Outreach.	
	Review the impact of SLCN interventions and consider next steps.	Increase exposure to all methods of communication; words, gestures, signs, symbols, written word (Total Communication).	
	Consider any coexisting needs and barriers to the success of interventions – liaise with external agencies for support.	Develop an individual and personalised communication passport (Appendix 5).	
	Identify any ongoing, or new and emerging, needs.	Implement any pre and post teaching needed.	
	Review, update and manage academic progress focusing on the curriculum and social relationships.	Ensure that the language used in the classroom is appropriately modified and that visual and experiential supports are provided where needed.	
	Quality Assurance of intervention/SALT programme/ curriculum delivery by school staff alongside outside agency if appropriate.	Use well planned group work flexibly to promote independence and reduce dependence on a named adult	
	Update communication passport if needed.	Implement any agreed teaching approaches to reduce the impact of SLCN on learning e.g. whole word/language based approaches in addition to phonics to support literacy acquisition.	
	Update the EHA.	Access to appropriate training for staff working with the child/young person.	
	Plan next steps with the child/young person, parents (step down, further Assess, Plan, Do, Review cycle, request for EHCNA).	Regular liaison between class teacher, SENCO and parent.	

Do

Review

Relevant resources and links and on-line training

Appendix 1

Wellcomm:

<https://www.boltonstartwell.org.uk/downloads/file/200/cldt-wellcomm-flyer-2019-2020>

Talkboost (select the correct paper based tracker per age group):

<https://ican.org.uk/training-licensing/i-cans-trackers/>

Communication trust checklist:

https://www.thecommunicationtrust.org.uk/media/643573/communication_friendly_environments_checklist_june_2018.pdf

Appendix 2

Top tips:

Area	Top Tips
Attention and Listening	• Attention and listening skills can be best supported in a quiet environment with minimal distractions such as noise and movement. • To get the child/young person's attention say their name before giving them an instruction. • Make sure the child/young person's basic needs are met so they are ready to attend and engage in an activity – e.g. do they need to wear glasses, is the room an appropriate temperature, is there sufficient light in the room, is the child hungry/thirsty, etc. • Know the child/young person's level of understanding so that you can appropriately support their attention and listening skills – e.g. do they need visual supports such as a 'Now and Next' or 'Task plan', make sure to give the child sufficient processing time. • Use positive praise and acknowledge the child/young person's good attention and listening – e.g. 'good listening Jamie!' Visual strategies can also be used to encourage good attention and listening – e.g. a reward chart where the child gets a tick for good listening and then receives a reward at the end of an activity.
Receptive Language	• Sit opposite the child/young person, make sure you are face-to-face, and engage in eye contact with the child/young person before giving an instruction. • Use total communication strategies to further support a child/young person's understanding of verbal language – e.g. use gestures, facial expressions, body language, pictures, etc. • Reduce your rate of speech to allow time for the child/young person to process what is being said. Simplify the words you use. Emphasise key words when giving instructions by changing your intonation – e.g. 'a put your books on the shelf'. • Try to get the child/young person to explain the meaning of new concept or word to check their understanding. • Encourage the child/young person to let you know when they do not understand what has been said to them. • If a child/young person is struggling to understand and answer an open question (e.g. 'What would you like for lunch?') try giving them a forced alternative (e.g. 'would you like a sandwich or a jacket potato?') • Check a child/young person's understanding if using non-literal language/idioms/sarcasm – e.g. 'I'm pulling your leg'. You may need to explain the literal meaning if they do not understand.

Appendix 2 contd.

Top Tips

Area	Top Tips
Expressive Language & Vocabulary	Expressive Language • When asking the child/young person a question, give them a sufficient amount of time to think before you expect an answer. • Create opportunities for the child/young person to communicate and interact with others – e.g. use open ended rather than closed questions. For example, 'What do you like to do at home?' rather than 'do you like to read books?' Open questions provide opportunities for more language whereas closed questions only require a 'yes' or 'no' answer. • If a child/young person makes a grammatical error in their spoken language, try to not correct them directly. Instead, model back what they say correctly. For example, if the young person said, 'When I played football, I runned up and down the field' you could reply, 'oh, when you played football, you <i>ran</i> up and down the field'. Vocabulary • If a child/young person is struggling to name a word, support them by asking them questions such as, 'what does it look like?' 'where would you find it?' 'what do you do with it?' etc. • Pre-teach the child/young person topic vocabulary using objects, pictures, symbols and gestures. Look at linking new words to words they understand and use. Use clues like prefixes and suffixes to help infer the meaning of new words for example healthy versus unhealthy or compound nouns like carwash. • Make use of word maps and mind maps to develop a child/young person's understanding of vocabulary. A mind map explores a topic – e.g. 'Egyptians'. A word map explores specific vocabulary – e.g. 'Pyramid'.
Speech Sounds	• Listen to the child/young person's message rather than how it was said. For example, if you observe the child/young person make any speech errors in their spoken language, do not comment on this and continue to acknowledge what they were communicating to you. • Do not correct any speech sounds errors you hear the child/young person make. Provide a good speech model to the child/young person so they can hear you produce the correct speech sounds. When providing a speech model to the child/young person make sure you are face to face with them. • If you struggle to understand what the child/young person has said, do not pretend that you have understood them. Instead, 'blame your ears' – e.g. 'my ears aren't working very well today, could you show me what you are talking about?' or 'Can you draw what you are talking about?' etc. You could also ask the child closed questions ('yes'/'no' questions) – e.g. 'is this about school?' etc. • Accept any of the child/young person's attempts to communicate whether this be verbal or non-verbal. • Set the context of the conversation for example start a conversation about a book that you have shared, shared joint experiences.

Appendix 3 - Resources

Blacksheep press narrative groups –

<https://www.blacksheeppress.co.uk/product-category/education/narrative-approach-to-learning-language/>

Time to talk

Blank levels

Language for thinking

Pre and post teaching of vocabulary

Vocabulary Enrichment programme

Word Aware

Colourful Semantics

Appendix 4 – Training

Focus of training	Link
General SLCN training	https://www.thecommunicationtrust.org.uk/projects/professional-development/online-short-course/
General SLCN training	https://www.trueeducationpartnerships.com/schools/best-free-teacher-cpd-resources/ https://ican.org.uk/i-cans-talking-point/cpd-short-course/
General SLCN training	http://vle.pupilschoolsupport.org/login/index.php
General SLCN training	http://www.advanced-training.org.uk/
Various SLCN training	www.everyonecommunicates.org
Developing vocabulary	https://www.babcockldp.co.uk/latest-news/how-to-teach-vocabulary
Early Years language development	https://www.futurelearn.com/courses/english-in-early-childhood
Teaching English language skills to speakers of other languages	https://www.futurelearn.com/courses/tesol-strategies

Appendix 5 - Communication Passport

	Name:	DOB:	Created :
Important information about me : My likes and dislikes: My goals:			
Attention and Listening	My needs:		How to help me: <i>I work best in a quiet work environment and with 1:1 adult support.</i> <i>Let me have regular short breaks to help maintain my attention</i> <i>During whole class teaching, I benefit from being given a separate set of instructions to follow. See below on how to support my understanding.</i>
	Understanding		<i>Break longer and more complex instructions down into smaller chunks of no more than 2 steps.</i> <i>Ask me to repeat back what you have asked to ensure I have understood.</i> <i>Give me plenty of time to process your instructions and to think about my response.</i> <i>Use a photo/symbol/written work list to help me complete each stage of a task independently and to remember what I have been asked to do.</i> <i>Help me to learn new topic based vocabulary beforehand. I can record these words in my book or in a personalised dictionary.</i> <i>Use mind maps and word webs to help me think about the meaning of new words. Always encourage me to use new vocabulary in a sentence to help me generalise it.</i>

Expression

- Give me plenty of time to find the right word and to respond to your questions.
 - Use a vocabulary dictionary or topic mats (with visuals) to encourage me to use new vocabulary I have learnt.
 - If I can't remember a word, ask me to show you another way e.g. by using a gesture, describing or giving me a related word.
 - Model new vocabulary to me and show me how to use it in a sentence.
 - Encourage me to talk about a wide range of topics and for a wide variety of reasons e.g. to tell stories, debate, argue, comment.
 - Repeat back the grammatically correct form of the sentence I have said e.g. 'If I say I runned to school', you say 'I ran to school'
- Do NOT ask me to repeat myself**

Social Skills

- Give me lots of opportunities to meet new people and develop friendships with my peers in school
- Help me to engage in structured social activities such as games or team building.
- Model appropriate social interactions to me across the day

Created with support from:



My name is xxx...

I have Speech. Language and Communication needs which means that I have difficulty communicating.

Please take the time to read this and help me to communicate more effectively

Tips to help me communicate:

- 1
- 2
- 3

How I communicate:

- 1
- 2
- 3

How you can help me communicate:

- 1
- 2
- 3



Things I like to talk about Please put in this page information on topics that I like to talk about. Maybe past work, hobbies, family members or even pets.

Things that upset me or make me cross:

Things I find difficult:

Things I am good at:

Please definitely do not do.....

e.g., interrupt

laugh at me

too many people speaking at once



Things that are really important to me...

People that are really important to me...

What I like doing in my spare time....

Social Communication and Interaction Needs / ASD Wave 2

Assess

	Observe –using specific ASD tools such as Iceberg to identify patterns within the triad of impairments and sensory needs.
	Discussion to assess concerns with SENCo / Parent / class team (including behaviours at home / school) and elicit pupil voice.
	Assess availability of appropriate interventions and staffing that could be used to deliver these (Talkabout , SULP, language for thinking etc).
	Assess the impact of the interventions for specific difficulties centred around the triad of impairments .
	Assess how much is being expected of the social curriculum as well as the academic curriculum?
	Complete pupil risk assessment also including outdoor environments.
	Identify motivators and specific triggers share with ALL staff including lunchtime supervisors.
	Assess processing time differences and communicate how to address this with the whole class team.
	Assess any sensory differences that could cause issues indoors and outdoors as well as at home.

Plan an Interventions for specific difficulties centred around the triad of impairments – 1 term.
Plan to make visuals for structured approaches e.g. using first and then, choice boards, TEACCH approach etc.
Plan to help all staff be direct with instructions e.g. "Open your book on page 10 " rather than " Shall we start where we last finished".
Plan for a friendship support group/buddy system in school to help social interaction/ communication.
Plan for the child to be able to access downtime area /space for self regulation.
Plan staff training, appraisal and staff development around meeting the needs of children with ASD.
If a child is non verbal, plan to develop joint attention and be aware of the stages of attention and listening.
Plan and prepare for transitions well by identifying and preparing for changes.
Plan to improve vocabulary and understanding of non literal language e.g. idioms, emotional vocabulary etc.

Plan

SEN Support (provided via schools own resources)

Review

	Liaise closely with child/YP and parents to review progress and communication methods and review strategies used at home/school.
	Review support from buddy's and peers. Can they help with games, friendships etc.
	Observe and review anxiety levels for the child.
	Review teaching approaches for all lessons (usually visual approaches are more successful).
	Review skills and experience of key staff (TEACCH approach, using social stories, reducing language, sensory understanding).
	Review the social curriculum alongside the academic curriculum.
	Review the environment and sensory needs where identified.
	Review transition plans and understanding of change.
	Pupil passport review (motivators, strategies etc).

Use visuals to help understand the structure of lessons starting with "First and then" moving onto schedules and timetables .
Use visual checklists, behavioural reinforcements to understand the expectations of the setting.
In each lesson use structured approaches (who, what, when, where, how much, finished or the TEACCH approach).
Referrals to appropriate services e.g. BSCIP, Ladywood Outreach, EP, Speech and Language Therapy etc.
Ensure all adults always start with the child's name to gain attention.
Use reduced language e.g. "Daniel it's sitting ." and model correct use of language.
Allow for more processing time (between 6 or 15 seconds).
Create a visual approach to teaching and learning new concepts and ideas.
Make a pupil passport detailing strengths and needs so all staff are aware of support that needs to be in place.

Do

Social Communication and Interaction Needs / ASD Wave 3

Assess

	Discussion to assess concerns with SENCo / Parent / class team (including behaviours at home / school) and elicit pupil voice.	Plan specific and targeted interventions / strategies following advice from appropriate external agencies e.g. Ladywood Outreach, EP, SALT.	
	Assess areas of weakness specific to ASD and communicate with appropriate agencies / family.	Plan for appropriate sensory needs using individualised sensory profile.	
	Assess staff knowledge and skills to help plan and deliver ASD specific interventions for targeted pupils.	Plan for appropriate language interventions focusing on identified language needs e.g. inference groups, nurturing narrative.	
	Assess behavioural responses including anxiety levels using appropriate tools to identify ASD specific needs e.g. Iceberg, STAR.	Plan for appropriate social skills interventions / support groups e.g. friendships, conversations, theory of mind.	
	Assess for individualised needs in relation to the social curriculum and the academic curriculum.	Plan for opportunities to rehearse taught social skills in role play e.g. Drama 4 Social skills.	
	Assess sensory needs for an individualised profile.	Plan to improve executive functioning skills and support within the classroom.	
	Assess executive functioning skills.	Plan for developing stages of attention and listening skills.	
	Assess levels of attention and listening skills with an awareness of the variations in levels of attention in pupils with ASD.	Plan and prepare for different levels of anxiety throughout the school day and implement support to manage transitions.	
	Assess understanding of language and levels of questioning.	Plan and identify appropriate CPD opportunities for staff to develop / enhance skills to implement targeted.	

Plan

SEN Support (provided via schools own resources)

	Liaise closely with external agencies and review strategies and support implemented.	Arrange a workspace in the classroom with reduced distractions and clearly identified boundaries for some of the time during learning.	
	Review the impact of specific social skills interventions considering next steps.	Implement a visual schedule/checklists for all / part of the day for the pupil to access.	
	Review and monitor the child's level of anxiety throughout the school day.	Access to appropriate visual frameworks to support spoken and written language during lessons e.g. 'wh' questions frameworks.	
	Review, update and manage the impact of visual strategies to support understanding of routine and structure in class / lessons.	Use visual flowcharts to aid understanding of instructions and develop independent working.	
	Review, update and manage executive functioning skills and ensure this is matched to curriculum planning.	Deliver specific interventions on developing social communication skills e.g. conversation skills, understanding emotions, executive functioning.	
	Review, update and manage language and vocabulary needs and support with visual resources within the classroom / lesson.	Deliver attention, speaking, listening and language, interventions e.g. talking partners @ 1 or talking partners @ 2.	
	Review, update and manage academic progress focusing on inference, lexical reasoning and deduction skills.	Deliver sessions to focus on front loading teaching for topic / subject based vocabulary.	
	Review, update and manage sensory needs and strategies.	Deliver sensory sessions and implement a sensory diet throughout the school day as required.	
	Review, update and manage attention and listening skills recognising environmental influences.	Implement strategies and advice from appropriate services e.g. Ladywood Outreach, EP, Speech and Language Therapy etc.	

Do

Review

Social Communication and Interaction/ASD

Relevant resources, links and on-line training

First time supporting children with ASD or social communication differences

- First time supporting Autistic students? <https://www.tes.com/teaching-resource/autismspectrum-disorders-a-resource-pack-for-schoolstaff-6030055> Direct link to the National Autistic society resource pack for teachers: last updated in 2015.
- Ladywood online an introduction to ASD – one hour online course to help with your initial understanding of the triad of impairments and sensory needs – contact marsdenc@ladywood.bolton.sch.uk
- Autism Education Trust- tools for teachers <http://www.aettraininghubs.org.uk/t4t/> A number of useful tools. Ordering the book gives you online access to the tool <https://www.autism.org.uk/professionals/teachers/classroom.aspx> ##frameworks National Autistic society: link page to a lot of other resources.
- Twinkl- <https://www.twinkl.co.uk/resources/specialeducationalneeds-sen/specialeducationalneeds-sen-communication-and-interaction>. This site has a wealth of resources for every aspect of social communication and interaction needs as well as sensory needs.
- Staff should consider looking at challenging behaviour using the “Iceberg” approach to try to understand the reasons why the behaviour may occur. <https://www.teachertoolkit.co.uk/product/iceberg-analysis/>

Developing Early Communication Skills

- Fern Sussman: More than Words (2012, new edition) For young children with autism and their families to develop communication skills. A really useful approach to use with early communicators in school.
- Fern Sussman: Talkability (2007) For verbal children on the autism spectrum. An approach to help parents promote their child’s communication, but is really good for schools to use and follow (Hanen centre)
- <https://intensiveinteraction.com/> A first place to look for help with developing the Intensive Interaction approach- a way of encouraging the development of the Fundamentals of Communication.

Specific Approaches: (Comic strip conversation, Social Stories, Lego therapy, Circle of friends etc.)

- Carol Gray: Comic Strip Conversations: Illustrated interactions that teach conversation skills to students with autism and related disorders (1994) A useful book outlining an approach that helps lots of people.
- Comic strip conversations <https://www.autism.org.uk/about/strategies/social-stories-comic-strips.aspx>
- A good way of unpicking things and as information gathering for a Social Story- **Carol Gray: The New Social Story Book, Revised and Expanded 10th Anniversary Edition: Over 150 Social Stories that Teach Everyday Social Skills to Children with Autism. It’s a great place to start, but Social Stories need to be written with/for specific pupils to work properly.**

- Siobhan Timmins: **Developing Resilience in Young People with Autism using Social Stories** (Growing Up With Social Stories) (2017) Siobhan Timmins has written a number of books about social stories, for a number of different ages and age groups.
- Social stories - <https://www.youtube.com/watch?v=vjllYYbVlrl>
- Daniel B. LeGoff: Lego based Therapy (2014) Therapist recommended and much used!
- Colin Newton: Creating Circles of Friends: A Peer Support and Inclusion Workbook (2003) A clear description of how to use this peer support system

Emotional regulation

- Kari Dunn Buron and Mitzi Curtis: **The Incredible 5-Point Scale** (2012). Great for teaching CYP how to recognise various states.
- Kari Dunn Buron: A "5" Could Make Me Lose Control! : An Activity-Based Method for Evaluating and Supporting Highly Anxious Students (2007). There is a very good website that has a wealth of additional resources on using the scale.
- Leah Kuypers: The zones of Regulation (2011)
<http://www.zonesofregulation.com/index.html> A curriculum geared toward helping students gain skills in consciously regulating their actions, which in turn leads to increased control and problem solving abilities.

Understanding my diagnosis

- Catherine Faherty: Autism... what does it mean to me? (2014) Useful for many young people to work through to help them understand the diagnosis. Most suitable for more cognitively able, recently diagnosed young people.
- <https://www.tes.com/teaching-resource/autismawareness-pack-6128641> Free pack to help Children understand their autism.

Girls on the spectrum

- Girls and Autism: Flying Under the Radar <https://nasen.org.uk/resources/girls-and-autism-flying-under-radar> A quick guide to supporting girls with autism spectrum conditions This guide provides practical school-based support strategies, alongside discussing the debate around autism and gender, looking at key issues for autistic girls and shares family, professional and academic perspectives.

Peer understanding

- <https://www.autism.org.uk/professionals/teachers/classroom/lesson-guide.aspx>.
- Link to autism awareness materials from the national Autistic society

General

Research based approaches - <http://www.researchautism.net/about-us-research-autism/our-publications/choosing-autism-interventions-research->

Talkabout resources - <http://alexkelly.biz/product-category/talkabout-books/>

TEACCH approach- <https://www.autism.org.uk/about/strategies/teacch.aspx>

Black Sheep press resources <https://www.blacksheepress.co.uk/product/talking-social-emotional-skills/>

Executive functioning <https://childmind.org/article/helping-kids-who-struggle-with-executive-functions/>

Free On-line CPD for school staff

Autism	http://www.advanced-training.org.uk/
Autism, Asperger's (and ADHD)	https://www.derby.ac.uk/short-courses-cpd/online/free-courses/understanding-autism-aspergers-and-adhd/
Certificate in understanding Autism	https://www.mkcollege.ac.uk/courses/distance-learning/level-2-certificate-in-understanding-autism/
Good practice in Autism education	https://www.futurelearn.com/courses/autism-education

Social, Emotional and Mental Health Wave 2

Assess

	Ensure the continuation of QFT is in place.
	Ensure staff are aware of, and are following, the whole school behaviour policy.
	Discussion with parents and staff to share concerns, contribute to assessment and inform planning and ensure pupil voice work is undertaken.
	Observe the pupil at different times in the day to identify patterns in behaviour and triggers.
	Careful consideration of information gathered e.g. behaviour logs, ABC charts/STAR analysis etc. to better understand need.
	Assess whole class behaviour management strategies being used and identify any personalisation needed.
	Carry out SEMH specific assessments analyse results with school/family (e.g. SDQ, Boxall Profile, home visits).
	Assess training needs of staff working with the child e.g. understanding of attachment, ADHD, anxiety etc.
	Record the above on an EHA including the impact of the interventions for specific difficulties.

Plan interventions for specific difficulties with the child and their family and record these on the EHA.
Plan staff training and staff development around meeting the needs of children with SEMH (e.g. Emotion Coaching and MindEd website resources).
Where possible plan to avoid any identified triggers and where this is not possible agree how the pupil will be supported at these times.
Ensure clear reward and sanction policies are in place for the class and differentiated appropriately for the pupil.
Plan, where possible, to teach key SEMH skills e.g. resilience, self-esteem, social skills & emotional regulation through PSHE lessons.
Ensure the classroom provides an inclusive and supportive ethos for children with SEMH.
Consistent behaviour management strategies between home and school.
Consider plans for unstructured times of the day including the use of adult supported opportunities or peer led activities.
Explicitly plan to improve the pupils emotional vocabulary and understanding through small group work.

Plan

SEN Support (provided via schools own resources)

	Review impact and appropriateness of agreed whole class and small group strategies and record on the EHA.
	Review triggers and any particularly difficult times of the school day.
	Review impact of any staff training completed.
	Identify and celebrate any progress made by the child since the development of this plan.
	Identify any ongoing, or new and emerging, needs.
	Review any new information gathered e.g. behaviour logs, ABC charts, assessments etc.
	Update and amend pupil passport.
	Identify whether further referrals to specialist services for targeted intervention is required. (CAMHS/Fort Alice/BSCIP/BSS/EPS).
	Plan next steps with the child/young person/ parents (step down, further Assess, Plan, Do, Review cycle, request for EHCNA).

These are suggested interventions but please refer to the Schools SEN Information Report for further details.
Implement any changes to behaviour management strategies and classroom environment needed.
Implement whole class/ group work relating to identified needs i.e. PSHE lessons, emotional literacy work, emotion coaching, peer mediation, playground pals/buddy system etc.
Ensure children are given opportunities to practice, and are prompted to apply any strategies taught during whole class/small group work to everyday situations.
Staff to access any training identified as useful and implement knowledge/strategies acquired during the training to everyday teaching.
Implement plans for unstructured times of the day.
Regular liaison between class teacher, SENCO and parent.
Ensure all positive behaviours and attempts to apply new skills are recognised and descriptive praise is given in a timely manner.
Make a pupil passport detailing strengths and needs so all staff are aware of the support that needs to be in place.

Do

Review

Social, Emotional and Mental Health Wave 3

Assess

	Ensure that there are no underlying difficulties impacting on the child's behavioural presentation e.g. speech and language difficulties or learning needs.
	More detailed assessment of SEMH needs by an external support service e.g. BSS/EPS etc.
	Assess information/reports to identify any hot spot lessons or times of the day and new triggers etc.
	Assess any risk to the child's safety and wellbeing and consider whether an individualised risk assessment, or positive handling plan/training crisis management plan is required.
	Assess whether any whole class reward systems and/or the curriculum need to be personalised.
	Consider the need for individual targeted interventions related to specific identified areas of need.
	Ensure pupil voice is elicited
	Consider whether Alternative Provision would be beneficial/is needed, including using a part time AP placement to enrich the curriculum offer for a Key Stage 4 pupil
	Consider whether wider support available in Bolton e.g. via the Thrive Alliance, or on line resources such as the Be Kind to My Mind website or Kooth may be helpful

Plan strategies identified in advice from appropriate external agencies e.g. BSS/EPS/CAMHS.
Jointly develop with parents any risk assessments/crisis management plans/positive handling plans needed.
Plan any targeted individual or small group interventions for example anger management work or targeted work on anxiety management or social skills development etc.
Plan any adaptations needed to the pupils timetable to take account of particular 'hot spots'.
Careful consideration of staff deployment to support the child at particular times for particular purposes.
Identify a 'safe space' that can be accessed with pre agreed protocol and recovery strategies.
Plan individualised and personalised reward systems (if appropriate).
Explicit plans/programmes to further develop emotional literacy skills e.g. using resources such as therapeutic stories, and starring the anger/anxiety/depression gremlin etc.
Ensure all provision is underpinned by the 6 key nurture group principles – see page 57

Plan

SEN Support (provided via schools own resources)

	Close liaison with parents and external agencies and ongoing discussions with the child/YP to understand pupil voice.
	Review the impact of specific interventions and consider next steps.
	Review and monitor the child's presentation throughout the school day and at home.
	Identify and celebrate any progress made by the child since the development of this plan.
	Identify any ongoing, or new and emerging, needs.
	Review how the 6 principles of nurture are being used to underpin practice and are embedded to ensure best practice.
	Update and amend pupil passport.
	Identify whether further referrals to specialist services for targeted intervention (CAMHS/Fort Alice/BSCIP/BSS/EPS) are needed.
	Plan next steps with the child/young person, parents (step down, further Assess, Plan, Do, Review cycle, request for EHCNA).

Implement strategies and advice from appropriate services e.g. BSS/EPS/CAMHS etc.
Implement specific interventions and programmes identified.
Ensure any risk assessments/positive handling plans/crisis management plans are well understood by those working with the child and consistently followed.
Prepare any safe space required and implement associated protocols and calming/recovery strategies.
Deploy staff as identified to meet the needs of the child.
Consistently implement any personalised reward systems.
Ensure the 6 principles nurture are used to guide practice and understand the child's presentation.
Ensure all positive behaviours and attempts to apply new skills are recognised and descriptive praise is given in a timely manner.
Ensure any additional assessments requested to rule out any underlying needs contributing to the child's presentation are carried out and the results shared with all involved.

Do

Review



The Six Principles of Nuture

1. Children's learning is understood developmentally

A nurturing approach involves staff responding to children not in terms of arbitrary expectations about 'attainment levels' but in terms of the children's developmental progress. The response to the individual child is 'as they are', underpinned by a non-judgemental and accepting attitude.

2. The classroom offers a safe base

The organisation of the environment and the way the group / class is managed contains anxiety. A nurturing approach offers a balance of educational and domestic experiences aimed at supporting the development of the children's relationships with each other and with the staff. Learning is organised around a structured period of time with predictable routines. Great attention is paid to detail; the adults are reliable and consistent in their approach to the children. A nurturing approach involves an educational provision making the important link between emotional containment and cognitive learning.

3. Nurture is important for the development of self-esteem

A nurturing approach involves listening and responding. Everything is 'verbalised' with an emphasis on the adults engaging with the children in reciprocal shared activities e.g. play / meals / reading / talking about events and feelings. Children respond to being valued and thought about as individuals, so in practice this involves noticing and praising small achievements.

4. Language is understood as a vital means of communication

Language is more than a skill to be learnt, it is the way of putting feelings into words. Children often 'act out' their feelings as they lack the vocabulary to 'name' how they feel. A nurturing approach views the informal opportunities for talking and sharing, e.g. welcoming the children into the group / class being as important as the more formal lessons teaching language skills. Words are used instead of actions to express feelings and opportunities are created for extended conversations or encouraging imaginative play to understand the feelings of others.

5. All behaviour is communication

This principle underlies the adult response to the children's often challenging or difficult behaviour. 'Given what I know about this child and their development what is this child trying to tell me?' Understanding what a child is communicating through their behaviour helps staff to respond in a firm but non-punitive way by not being provoked or discouraged. If the child can sense that their feelings are understood this can help to diffuse difficult situations. The adult makes the link between the external / internal worlds of the child.

6. Transitions are significant in the lives of children

A nurturing approach helps the child make the difficult transition from home to school. However, on a daily basis there are numerous transitions the child makes, e.g. between sessions and classes and between different adults. Changes in routine are invariably difficult and should be minimised as far as possible.

Social, Emotional and Mental Health

Relevant information, resources, links and on-line training

- Inside I'm Hurting; practical strategies for supporting pupils with attachment difficulties in school - Louise Michelle Bomber
- Attachment in the Classroom; The links between children's early experience, emotional wellbeing and performance in schools - Heather Geddes
- What about me? Inclusive strategies to support pupils with attachment difficulties make it through the school day - Louise Michelle Bomber
- Settling to learn; settling troubled pupils to learn and why relationships matter in school - Louise Michelle Bomber and Dan Hughes
- Emotion coaching resources - <https://www.emotioncoachinguk.com/>
- Starving the Anger Gremlin for Children Aged 5-9: A Cognitive Behavioural Therapy Workbook on Anger Management - [Kate Collins-Donnelly](#)
- Starving the Anger Gremlin: A Cognitive Behavioural Therapy Workbook on Anger Management for Young People - [Kate Collins-Donnelly](#)
- Starving the Anxiety Gremlin for Children Aged 5-9: A Cognitive Behavioural Therapy Workbook on Anxiety Management - [Kate Collins-Donnelly](#)
- Starving the Anxiety Gremlin: A Cognitive Behavioural Therapy Workbook on Anxiety Management for Young People - [Kate Collins-Donnelly](#)
- Think good, feel good; a CBT workbook for children and young people – Paul Stallard
- The whole brain child – Dan Siegel and Tina Payne Bryson
- SEMH Toolkit of evidence based interventions to promote the inclusion of children with SEMH needs - https://www.babcockldp.co.uk/babcock_ldp/Educational-Psychology/Downloads/Resources/SEMH-Toolkit-of-Evidence-Based-Interventions-to-Promote-the-Inclusion-of-CYP-with-SEMH-needs-contents.pdf
- Child Trauma Academy Youtube channel has presentations on brain development, trauma and resilience & developmentally appropriate interventions for children.
- Boxall profile (Nurture Group network) www.nurturegroups.org
- Strengths and Difficulties questionnaire (Dr. Goodman) www.sdqinfo.org

SEMH Free On-line CPD for School Staff

SEMH	<u>http://www.advanced-training.org.uk/</u>
Behaviour	<u>https://www.classcentral.com/course/managing-behaviour-for-learning-6272</u>
Managing behaviour for learning	<u>https://www.futurelearn.com/courses/managing-behaviour-for-learning</u>
An introduction to classroom management	<u>https://prosperoteaching.com/quiz/classroom-management/</u>
ADHD, concentration and SEMH	<u>http://www.humansnotrobots.co.uk/p/resources-hub.html?m=1</u>
ADHD	<u>https://www.futurelearn.com/courses/understanding-adhd</u> <u>http://www.adhdcontinuum.com/free-adhd-online-courses/#.Xm-ZMaj7RPZ</u>
Mental Health	<u>https://www.minded.org.uk/</u> <u>https://mindup.org/</u> <u>https://www.brooksgibbs.com/</u>
Behaviour, bullying and mental health	<u>https://anti-bullyingalliance.org.uk/tools-information/free-cpd-online-training</u>
Understanding depression and anxiety	<u>https://www.open.edu/openlearn/health-sports-psychology/health/understanding-depression-and-anxiety/content-section---learningoutcomes</u>
Introduction to attachment disorder	<u>https://prosperoteaching.com/quiz/an-introduction-to-attachment-disorder/</u>

Visual Impairment

Assess

	Ensure Quality First Teaching is in place.
	Use of Ophthalmology reports and Functional Vision Assessment to determine VI level of need.
	Analysis of test and attainment data e.g. CATS, Reading Assessments, Spelling Assessments.
	Detailed and targeted observations in a range of situations and 1-1 activities to assess use of residual vision if appropriate.
	Meeting and discussions involving child/young person, parents, SENCo, key staff.
	Identification of any training needs of staff.
	Assess the teaching style used within the classroom and ensure that there is not an over emphasis on visual learning.
	Consider the child's speed of working and ability to access information.
	Record the above on an EHA including the impact of any interventions/adaptations.

Identification of outcomes linked to relevant VI-specific skills e.g. sensory development, communication, literacy, habilitation (mobility and independent living skills), accessing information, use of technology, meeting others, preparing for adulthood
Ensure that the curriculum is accessible to the child and learning resources are enlarged/ adapted to meet the child's needs.
Qualified Teacher of Children and Young People with Vision Impairment
Identify how any barriers to learning and participation will be minimised or removed.
Plan for the classroom environment to be as accessible as possible e.g. a good listening environment and accessible classroom layout etc
Consider the need for, and plan for, any support needed to improve the child's self esteem and social skills.
Arrange for any staff training needed.
Plan for the use of any recommended low vision aids e.g. magnifiers etc.
Use of EHA Action Plan and refer to appropriate services.

Plan

SEN Support (provided via schools own resources)

	Review the impact of specific interventions/adaptations.
	Plan next steps with the child/young person and parents, including more specialist media, e.g. Giant Print, Braille and tactile learning methods, if needed.
	Identify any ongoing, or new and emerging, needs including those relating to learning, self esteem, social skills etc.
	Review the accessibility of lesson content.
	Review the child's ability to navigate around the school site.
	Review the child's ability to learn independently and manage their own equipment.
	Review any changes to the child's level of vision.
	Update EHA and pupil passport.
	Continue at SEN Support with new outcomes/adapted strategies, move off SEN Support/make a request for an EHCP Needs Assessment.

Use of specific strategies, resources and equipment for large print users (outlined in Functional Vision Assessment Report).
Implementation of advice/programme devised by or received from a support service e.g. touch typing, habilitation, use of equipment.
Consistent encouragement, reminders and modelling of the use of any low vision aids recommended.
Adaptation of classroom environment if needed.
Quality Assurance of curriculum delivery by SENCo or other appropriate member of staff.
Request regular feedback from the child/young person to ensure ongoing accessibility of learning resources in the classroom.
Regular liaison between class teacher, SENCO and parent.
Make a pupil passport detailing strengths and needs so all staff are aware of the support that needs to be in place.
Access to appropriate training for staff working with the child/young person.

Do

Review

Visual Impairment Resources, Links and on-line Training

- Lots of useful information and resources

<https://www.thomasson.bolton.sch.uk/sensory-support-service/visual-impairment/useful-links/>

<https://www.natsip.org.uk/>

<https://www.rnib.org.uk/professionals/health-social-care-education-professionals/education-professionals/teaching-and-learning-guidance/>

<https://www.thomasson.bolton.sch.uk/sensory-support-service/visual-impairment/information-for-professionals/>

- Teaching strategies: visual impairment

<https://www.birmingham.ac.uk/research/victar/resources/best-practice-in-supporting-students-with-vision-impairment.aspx>

- Strategies for teaching and learning

<https://www.sess.ie/categories/sensory-impairments/visual-impairment/tips-learningand-teaching>

<https://www.pathstoliteracy.org/strategies-helping-children-visual-impairments-develop-listening-skills/>

<https://www.readandspell.com/visual-impairment-in-the-classroom>

- Resources

<https://www.twinkl.co.uk/teaching-wiki/support-a-child-with-visual-impairment-in-school>

- On-line training resource:

<https://www.natsip.org.uk/mainstream-training-pack>

Hearing Impairment

Assess

	Ensure HI diagnosis has been confirmed and parental consent form is in place.
	Ensure Quality First Teaching is in place.
	Analysis of test and attainment data, including language skills (e.g. BPVS, ACE, Reading Assessments, Speech Tests).
	Audiological reports of aided and unaided hearing thresholds, together with the NATSIP eligibility framework are used to determine level of need /support, as well as learning needs.
	Detailed and targeted observations in a range of situations and 1-1 activities to assess use of residual hearing and functional listening skills.
	Educational Audiologist to assess for Radio Aid if appropriate.
	Meeting and discussions involving child/young person, parents, SENCo and key staff.
	Identification of any training needs of staff.
	Review the listening conditions in the classroom and note any adjustments required to make the classroom accessible.

Plan to make any reasonable adjustments needed (e.g. carpets, blinds/ curtains, Soundfield, radio aid and child's seating position in the classroom etc).
Close working with the Sensory Support Qualified Teacher of the Deaf to plan next steps.
Ensure that curriculum planning and learning resources are adapted to meet the child's needs.
Set termly outcomes/targets for the CYP using data from standardised and non standardised assessments.
Identify how any barriers to learning and participation will be minimised or removed.
Consider the need for, and plan for, any support needed to improve the child's language skills, self esteem, social skills and independence as a learner.
Consider the need for pre and post lesson teaching.
Arrange any training needed for key staff.
Use of EH Action Plan and referral to appropriate services.

Plan

SEN Support (provided via schools own resources)

	Review the impact of specific interventions/adaptations.
	Plan next steps with the child/young person, parents and Teacher of the Deaf
	Identify any ongoing, or new and emerging, needs including those relating to language, learning, self esteem, social skills etc
	Review the accessibility of lesson content.
	Liaise specifically with Audiology regarding hearing levels and functional listening skills reflected in speech clarity
	Review the child's ability to learn independently and manage their own resources and equipment.
	Review advice/support using monthly/ termly case notes (Records of Input).
	Update EHA and pupil passport.
	Continue at SEN Support with new outcomes/adapted strategies, move off SEN Support/make a request for an EHC Needs Assessment.

Use of specific strategies, resources and equipment (outlined in Qualified Teacher of the Deaf Assessment Report).
Use of specific technology adaptations as required e.g. captioning apps such as Otter.
Adaptation of classroom environment if needed.
Establish consistent use of the hearing aids/ Cochlear Implants.
Best practice routines are understood and adhered to by key staff for all assistive listening devices.
Implementation of specific programmes by Parents/ Carers/ school staff and/or the Teacher of the Deaf.
Request regular feedback from the child/young person to ensure ongoing accessibility of learning resources
Quality Assurance of curriculum delivery by SENCo or other appropriate member of staff/Teacher of the Deaf.
Access to appropriate training for staff working with the child/young person.

Do

Review



Hearing Impairment Resources, Links and On-Line Training

- Lots of useful information and resources

<https://www.ndcs.org.uk/>

<https://www.natsip.org.uk/doc-library-login/eligibility-framework/hearing-impairment>

- Tips for teachers

<https://www.ndcs.org.uk/information-and-support/being-deaf-friendly/information-for-professionals/primary-education/>

- Useful information

<https://www.weareteachers.com/children-deaf-hard-of-hearing/>

- On-line training resource

<https://www.natsip.org.uk/mainstream-training-pack>

Physical Difficulties

Assess

	Ensure any reasonable adjustments required are in place.
	Completion of detailed and targeted observations to identify specific areas of need and gaps in functional skills/ability, to determine if these are isolated missing skills or a pattern of wider underdevelopment.
	Assessment of level of skill against expected attainment for developmental ability (and is this in line with their cognition and learning).
	Detailed and targeted observations in a range of situations and 1-1 activities.
	Liaison with any specialist services involved e.g. Ladywood Outreach, Physiotherapy, Occupational Therapy, specialist nurses etc.
	Meeting and discussions involving child/young person, parents, SENCo, key staff.
	Consider competency of staff to support level of physical ability, e.g. is there a moving and handling requirement?
	Consider strategies already implemented, including adaptations to curriculum, response to additional support/resources and the progress made.
	Record the above on an EHA.

Identification of outcomes linked to relevant PD specific skills e.g., use of equipment, independence, mobility, self help, participation etc.
Plan to ensure that the school environment, daily routine and curriculum is accessible to the child with appropriate adaptations and alterations and/or additional support.
Close working with Physiotherapy/Occupational Therapy to plan next steps.
Plan systems to involve, inform and support staff, child, YP and family.
Identify how any barriers to learning and participation will be minimised or removed.
Consider completion of a risk assessment if there are any implications for safety or access to the school environment.
Arrange for any staff training needed, e.g. moving and handling.
Plan to personalise and adapt timetables to enable Physiotherapy/Occupational Therapy programmes to be carried out.
Use of EHA Action Plan and referral to appropriate services.

Plan

SEN Support (provided via schools own resources)

Review

	Review the impact of specific interventions/adaptations.
	Plan next steps with the child/young person, parents and specialists.
	Identify any ongoing, or new and emerging, needs including those relating to learning and emotional well being etc.
	Review any changes to the child's level of physical ability
	Review the effectiveness of any staff training undertaken and any further support needed.
	If progress continues to be limited and skills/abilities/physical development is significantly below level of cognition and learning, consider referral to external specialist services e.g. Ladywood Outreach, Physiotherapy, Occupational Therapy etc. if not already involved.
	Review and update any risk assessments.
	Update EHA.
	Continue at SEN Support with new outcomes/adapted strategies, move off SEN Support/make a request for an EHCP Needs Assessment.

Use of specific strategies, resources and equipment as advised by any specialist service.
Implementation of identified actions, including any adaptations, alterations and support.
Ensure the consistent implementation of any personalised timetables.
Use of low level aids, equipment and adaptations, and access to appropriate sized furniture (e.g. desks and chairs).
Use appropriate access devices (such as IT equipment) and software.
Request regular feedback from the child/young person to ensure ongoing accessibility of learning resources and the school site.
Regular liaison between class teacher, SENCO and parent.
Implement the recommendations from any risk assessments carried out.
Access to appropriate training for staff working with the child/young person e.g. (moving and handling).

Do

Physical Difficulties/Medical Needs Resources, Links and On-Line Training

- DfE guidance for supporting children with medical needs
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
- Guidelines to promote the inclusion of children with additional physical needs in mainstream settings
<https://www.southglos.gov.uk/Documents/CYP050153.pdf>
- Useful information and resources
<https://www.shinecharity.org.uk/for-professionals/faqs-about-physical-disability-and-educational-settings>
- On-line awareness raising training resource
https://pdnet.org.uk/online-learning/raising-awareness-of-physical-disability/?fbclid=IwAR1PYzXRxnI5StJlGU0dxh88u6psOg-trE5yLyI_8o_kF5-jT8bL5wp6Tw0

SEN Support Glossary

Terminology	Description
ABC charts	An ABC chart can be used to record behavioural concerns in order to better understand patterns of behaviour. 'A' stands for antecedents, 'B' refers to the behaviour itself and 'C' refers to the consequences of the behaviour.
ACE	Assessment of Comprehension and Expression. An assessment of receptive and expressive language skills for children aged 6-11 years.
Be Kind To My Mind	Bekindtomymind is a Bolton campaign designed to reduce the stigma and discrimination around mental health. Website: https://www.bekindtomymind.co.uk/
Boxall profile	A two-part assessment tool designed to assess and track the progress of behavioural traits of children and young people.
BPVS	British Picture Vocabulary Scale. An assessment tool to assess the receptive vocabulary of children aged 3 to 16 years
BSCIP	Bolton Social Communication and Interaction Panel. This forms part of the Bolton Autism Diagnostic process.
BSS	Behaviour Support Service
CAMHS	Child and Adolescent Mental Health Service
Differentiation	Differentiation means tailoring lessons for students with individual needs. This involves changing the content, delivery, or methods of learning to ensure that every child learns in a way that is suitable for them.
EHA	Early Help Assessment. An assessment and planning tool that facilitates and coordinates multi-agency support.
EHCNA	Education, Health and Care Needs Assessment.
EPS	Educational Psychology Service

Terminology	Description
Executive Functioning	Executive functioning describes a set of cognitive processes and mental skills that help an individual plan, monitor, and successfully execute their goals . These include attentional control, working memory , inhibition, and problem-solving, many of which are thought to originate in the brain's prefrontal cortex.
Iceberg Model	The Iceberg Model provides an understanding of why people do what they do. What is most noticeable about people are their words and actions. This behaviour (the tip of the iceberg) is primarily motivated by three internal motivators -attitudes, needs, and values. This model helps us to try and understand the motives behind behaviours.
Instructional Hierarchy	When mastering new academic skills or strategies, learners typically advance through a predictable series of learning stages; skill acquisition, fluency, generalisation and adaptation. This is known as the instructional hierarchy.
Kooth	Kooth offers on line emotional and mental health support for children and young people aged between 11 – 24 years. Website https://www.kooth.com
Levels of questioning	Blank's Levels of Questioning is a questioning framework developed by Marion Blank. There are four levels of questioning which move from simple, concrete questions to more difficult, abstract questions. Blank's questions encourage development of general language and vocabulary as well as skills in comprehension, reasoning, inferencing, predicting and problem solving.
Metacognition	Metacognition refers to higher order thinking, which involves active control over the cognitive processes engaged in learning. For example: Planning how to approach a given learning task; Monitoring our comprehension of the task, and Evaluating progress toward the completion of a task
NATSiP	National Sensory Impairment Partnership. A partnership of organisations working together to improve outcomes for children and young people with sensory impairment.
Pre and Post teaching	Pre and post teaching involves exposing the student to words and ideas that are about to come up in the lesson, and going over them again after the lesson.

Terminology	Description
Pupil passport	A pupil passport is a summary document detailing the most important information about a child which can be shared with any adult working with them so that they can support the child in the best way possible
QFT	Quality First Teaching - high quality inclusive teaching together with continuous whole school processes for assessing, planning, implementing, tracking, monitoring and reviewing pupil progress.
SEN Matrix	The SEN Matrix contained in the SENCO handbook providing guidance on the severity criteria for an EHC Needs Assessment
Sensory differences	Some people have difficulty processing everyday sensory information. Any of the senses may be over- or under-sensitive, or both, at different times. These sensory differences can affect behaviour.
STAR analysis	A model used to analyse and understand behaviour focussing on the setting, triggers, actions (behaviours) and responses (of others to the behaviour).
SDQ	Strengths and Difficulties Questionnaire. A short behavioural screening questionnaire for children aged 3 to 16 years.
SULP	Social Use of Language Programme - a cohesive framework to develop children's interpersonal and social abilities from a communication and thinking perspective.
Task Analysis	Task analysis is a process by which a task is broken down into its component parts

School Age Descriptors for Learning

NOTE: The areas that are shaded in grey throughout the document indicate that where a child is achieving in a **number** of these areas it may be appropriate to consider requesting an Education, Health and Care Needs Assessment.

Reception

Standard Scores	>70	70-65	64-59	58-51	<50
	Place	Place Plus		High Needs Block	
	EYFS 30-50 Months	EYFS 22-36 Months	EYFS 16-26 Months	EYFS 8-20 Months	
Reading	- Enjoys rhyming and rhythmic activities and shows an awareness of rhyme and alliteration - Listens to and joins in with stories and poems, one-to-one and in small groups. - Joins in with repeated refrains and anticipates key events and phrases in rhymes and stories. - Beginning to be aware of the way stories are structured. - Describes main story settings, events and principal characters. - Shows interest in illustrations and print in books and print in the environment. - Recognises familiar words and signs such as own name and advertising logos. - Looks at books on their own - Handles books carefully, holds them correct way up and turns pages one at a time. - Knows that print carries meaning	- Has some favourite stories, rhymes, songs, poems or jingles. - Repeats words or phrases from familiar stories or songs - Fills in the missing word or phrase in a known rhyme, story or game, e.g. 'Humpty Dumpty sat on a ...'. - Will listen to a short story, attending throughout - Identifies at least 7 pictures of common objects - Uses actions with pictures, for example pretending to feed a picture of a doll etc.	- Interested in books and rhymes and may have favourites. - Will look at and recognise pictures in books - Can match objects to pictures and symbols (for example choosing between two symbols to request a drink) - Will listen to a short made up story about a picture - Able to recognise themselves and familiar adults in a photograph	- Handles books and printed material with interest. - Shows some understanding of how a book works for example turning the pages, although this may not be one at a time or in the correct direction. - Will look at pictures in a book, regarding some with interest or recognition	

Reception

Standard Scores	>70	70-65	64-59	58-51	<50
	Place	Place Plus		High Needs Block	
	EYFS 30-50 Months	EYFS 22-36 Months	EYFS 16-26 Months	EYFS 8-20 Months	
Writing	- Sometimes gives meaning to marks as they draw and paint. - Ascribes meanings to marks that they see in different places. - Can draw a person showing legs and a head - Will engage in emergent writing activities and may group marks together leaving spaces as if writing separate words	- Grasps a crayon or pencil using fingers and partial thumb opposition while mark making - Can copy a line and a circle from an adult model - Holds paper in place with one hand while they mark make with the other	- Can hold a pencil using a palmar grasp - Will mark make when given a pencil and paper and enjoys this - Mark making consists of straight lines and circular scribbles	- Holds a pencil and with encouragement will scribble - Makes marks or uses symbols in their preferred mode of communication	
Maths	- Uses some number names and number language spontaneously. - Uses some number names accurately in play. - Recites numbers in order to 10. - Knows that numbers identify how many objects are in a set. - Beginning to represent numbers using fingers, marks on paper or pictures. - Sometimes matches numeral and quantity correctly. - Shows curiosity about numbers by offering comments or asking questions. - Compares two groups of objects, saying when they have the same number. - Shows an interest in numerals in the environment. - Shows an interest in representing numbers.	- Selects one or two objects from a group when asked, - Recites some number names in sequence. - Creates and experiments with symbols and marks representing ideas of number. - Beginning to make comparisons between quantities. - Uses some language of quantities, such as '<i>more</i>' and '<i>a lot</i>'. - Understands that a group of things changes in quantity when something is added or taken away.	- Knows that things exist, even when out of sight. - Beginning to organise and categorise objects, e.g. putting all the teddy bears together or teddies and cars in separate piles. - Says some counting words randomly.	- Has an awareness of number names through their enjoyment of action rhymes and songs that relate to their experience of numbers. - Has some understanding that things exist, even when out of sight.	

Year One

Standard Scores	>70	70-65	64-59	58-51	<50
	Place	Place Plus		High Needs Block	
Reading	- Can distinguish between a word, a letter and a space - Makes one to one correspondence between spoken and written words - Applies phonic knowledge to attempt the reading of unknown words, using picture clues to help - Recalls the main points from a story - Understands and uses terms referring to conventions of print e.g. book, cover, beginning, end, page, word, letter, line - Recognises rhyming words and alliteration - Able to listen to stories all the way through	- Understands that words, symbols and pictures convey meaning - Can recognise or read a growing repertoire of familiar words or symbols, including their own names - Recognises at least half the letters of the alphabet by shape, name or sound - Associates sounds with patterns in rhymes, with syllables and with words or symbols.	- Can select and/or recognise and/or read a few words, symbols or pictures with which they are particularly familiar [for example, name, people, objects or actions] - Can match objects to pictures and symbols (for example choosing between two symbols to select a drink) - Can match letters and short words - Able to predict elements of a narrative [e.g. when an adult stops reading, missing words are filled in] - Understands the conventions of reading [e.g. following text left to right, top to bottom and page following page]	- Will listen and respond to familiar rhymes and stories - Can show some understanding of how books work [for example, turning pages and holding the book the right way up].	
Writing	- Writing communicates meaning through simple words and phrases. - Writing begins to show an awareness of how full stops are used. - Letters/symbols are usually clearly shaped, correctly orientated and recognisable - Sometimes able to help an adult understand their writing	- Demonstrates an awareness that writing can have a range of purposes [for example, letters, lists or stories] - Shows an understanding of how text is arranged on the page [e.g. letter sequences from left to right] - They write or use their preferred mode of communication to set down their names with appropriate use of upper- and lower-case letters or appropriate symbols.	- Produces or writes their name in letters or symbols and/or produces meaningful marks or symbols associated with their own name or familiar spoken words, actions, images or events - Can trace, overwrite or copy shapes and straight line patterns and/or copy letters. - Groups letters/marks and leaves spaces between them as though writing separate words - Are aware of the sequence of letters, symbols and words.	- Show that they understand that marks and symbols convey meaning [for example, placing photographs or symbols on a timetable or in a sequence] - Can make marks or symbols in their preferred mode of communication.	

Maths	• Can name a circle, triangle and square • Can continue a repeating pattern containing up to 2 objects • Can count to 10 • Can sequence numbers to 10 • Can add one and take away one to any number up to 10 • Can put 2 sets of numbers together and count to 10 • Knows that 0 is less than 1 • Understands the terms plus, more than and less than	• Joins in with rote counting using words or signs beyond 10 • Able to continue to rote count onwards from a given small number • Able to recognise differences in quantity • Can recognise numerals from one to nine and relate them to sets of objects • Can respond to 'add one' to or 'take one away' from a number of objects in a practical situation • Can use ordinal numbers (first, second, third) when describing positions	• Can respond to, and join in with, familiar and new number rhymes, stories, songs and games • Can demonstrate an awareness of contrasting quantities and show an understanding of the concept of 'more' and 'less' • Can demonstrate an understanding of one-to-one correspondence in a range of contexts (for example: matching objects such as cups to saucers/straws to drink cartons) • Can join in rote counting to ten • Can count reliably to 5 and make sets of up to 5 • Can respond to 'add one in practical situations	• Shows an awareness of number activities and counting (for example copying some actions during number rhymes) • Indicates one and/or two (e.g. by eye pointing, blinks or gestures) • Demonstrates that they are aware of contrasting quantities (for example 'one' and 'lots' by making groups of one or lots of food items on plates etc).
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Year Two

Standard Scores	>70	70-65	64-59	58-51	<50
	Place	Place Plus		High Needs Block	
Reading	- Recognises familiar words in simple texts - Blends phonemes to read CCVC and CVCC words - Expects written text to make sense - Answers literal retrieval questions about texts - Identifies favourite characters and parts of a story - Retells simple stories orally using a storyboard or story map - Comments on rhyming patterns/recognises rhyming stories	- Can distinguish between a word, a letter and a space - Blends phonemes to read CVC words - Makes one to one correspondence between spoken and written words - Applies phonic knowledge to attempt the reading of unknown words, using picture clues to help - Recalls the main points from a story in the correct sequence - Understands and uses terms referring to conventions of print e.g. book, cover, beginning, end, page, word, letter, line - Recognises rhyming words and alliteration - Listens to a story all the way through	- Can recognise or read a growing number of familiar words or symbols including their own name - Recognises at least half of the letters of the alphabet by shape, name or sound - Associates sounds with patterns in rhymes, with syllables and with words or symbols - Can match letters and short words - Able to predict elements of a narrative [e.g. when an adult stops reading, missing words are filled in] - Understands the conventions of reading [e.g., following text left to right, top to bottom and page following page]	- Can select a few words, symbols or pictures with which they are particularly familiar and derive some meaning from text, symbols or pictures presented in a way familiar to them - Can match objects to pictures and symbols [for example choosing between two symbols to select a drink or seeing a photograph of a child and eye-pointing at the child] - Shows curiosity about content at a simple level [e.g. they may answer basic two key-word questions about a story].	
Writing	- Can compose a sentence orally and attempt to replicate it in writing - Writing contains some capital letters and shows an awareness of how full stops are used (often at the end of pieces of writing) - Joins 2 ideas together with 'and' - Writing can generally be read without mediation - Beginning to use alternative ways of spelling phonemes (e.g. /ae/ being spelt ai/ay/a-e)	- Writing communicates meaning through simple words and phrases - Writing begins to show an awareness of how full stops are used - Letters are usually clearly shaped and correctly orientated - Sometimes able to help an adult understand their writing	- Shows an understanding of how text is arranged on the page [e.g. by writing or producing letter sequences from left to right] - Writes, or use their preferred mode of communication, to set down their names with appropriate use of upper- and lower-case letters or appropriate symbols.	- Can produce meaningful marks or symbols associated with their own name or familiar spoken words, actions, images or events - Can trace, overwrite or copy shapes and straight line patterns.	

	Most letters are correctly formed but spacing between words may be irregular		- Produces or writes their name in letters or symbols - Can copy letters. - Groups letters/marks and leaves spaces between them as though writing separate words - Aware of the sequence of letters, symbols and words	
Maths	- Can recognise and name a rectangle, circle, triangle and square - Can recognise repeating patterns of 3 items - Can order numbers to 20 - Can add 1 to any number up to 10 and record the operation - Can estimate the number of objects in a group up to 10 - Can add 2 or 3 sets of numbers together up to 10 - Can recognise all coins - Understands the terms too many, estimate, before, next to, after and between	- Can name a circle, triangle and square - Can continue a repeating pattern containing up to 2 objects - Can count to 10 - Can sequence numbers to 10 - Can add one and take away one to any number up to 10 - Can put 2 sets of numbers together up to 10 - Knows that 0 is less than 1 - Understands the terms plus, more than and less than	- Can demonstrate an understanding of the concept of 'more' and 'less' - Can demonstrate an understanding of one-to-one correspondence in a range of contexts [for example: matching objects such as cups to saucers/straws to drink cartons] - Can count reliably to 5 and make sets of up to 5. - Joins in with rote counting using words or signs beyond 10 - Able to continue to rote count onwards from a given small number - Able to recognise differences in quantity - Can recognise numerals from one to nine and relate them to sets of objects - Can respond to 'add one' to or 'take one away' from a number of objects in a practical situation - Can use ordinal numbers (first, second, third) when describing positions	- Can respond to, and join in with, familiar number rhymes, stories, songs and games - Indicates one or two [e.g. by using eye pointing, blinks, gestures or any other means] - Demonstrates that they are aware of contrasting quantities [e.g. 'one' and 'lots' by making groups of one or lots of food items on plates].

Year Three

Standard Scores	>70	70-65	64-59	58-51	<50
	Place	Place Plus		High Needs Block	
Reading	- Blends and segments sounds in consonant clusters e.g. string, catch and uses this knowledge in reading - Has an awareness of the grammar of a sentence and uses this to help decipher new or unfamiliar words - Talks about, and expresses opinions about, the main events and characters in a story and highlights the most important parts - Understands the difference between fiction and non fiction - Recognises repetitions and rhymes - Beginning to make links between texts and own experiences	- Recognises familiar words in simple texts - Blends phonemes to read CCVC and CVCC words - Expects written text to make sense - Answers literal retrieval questions about texts - Identifies favourite characters and parts of a story - Retells simple stories orally using a storyboard or story map - Comments on rhyming patterns/recognises rhyming stories	- Recognises or reads a growing number of familiar words or symbols including their own name - Recognises at least half of the letters of the alphabet and applies this knowledge to attempt the reading of unknown words, using picture clues to help - Blends phonemes to read CVC words - Predicts elements of a narrative [e.g. filling in missing words] - Understands the conventions of reading [e.g. following text left to right, top to bottom) and understands/ uses terms such as book, beginning, end, page, word, letter, space, line - Makes one to one correspondence between spoken and written words - Recalls the main points from a story in the correct sequence - Recognises rhyming words and alliteration	- Can select and recognise or read a small number of words or symbols linked to a familiar vocabulary(e.g. name, people, objects or actions) - Able to match letters and short words.	
Writing	- Is able to write a simple sentence that makes sense - Uses full stops and capital letters with some consistency - Ideas are sequenced appropriately with a beginning and an event - Writing can be read without mediation	- Can compose a sentence orally and attempt to replicate it in writing - Writing contains some capital letters and shows an awareness of how full stops are used.	- Shows an understanding of how text is arranged on the page [e.g. writing from left to right] - Writes, or uses their preferred mode of communication, to set down their name with appropriate use of upper- and	- Able to produce or write their name in letters or symbols - Able to copy letters	

	• Able to recognise and use alternative ways of spelling phonemes • Most letters are correctly formed and orientated and there are spaces between words.	• Joins 2 ideas together using 'and' • Writing can generally be read without mediation • Beginning to use alternative ways of spelling phonemes (e.g. /ae/ being spelt ai/ay/a-e) • Most letters are correctly formed but spacing between words may be irregular	lower-case letters or appropriate symbols. • Groups letters/marks, leaving spaces between them as though writing separate words • Aware of the sequence of letters, symbols and words • Writing communicates meaning through simple words and phrases. • Writing begins to show an awareness of full stops • Letters are usually clearly shaped and correctly orientated.	
Maths	• Can write numbers to 20 • Can order numbers to at least 30 • Can partition numbers up to 20 into tens and units • Can work out a missing number from a simple sequence up to 30 • Able to tell which of any 2 numbers is the larger or smaller (up to 30) • Demonstrates an understanding of, and uses, the symbols + and = • Recognises the subtraction symbol • Can work out how many to subtract from a number to leave a given number to 30 • Can add 2 coins together up to 30p	• Can recognise and name a rectangle • Can recognise repeating patterns of 3 items • Can order numbers to 20 • Can add 1 to any number up to 10 and record the operation • Can estimate the number of objects in a group up to 10 • Can add 2 or 3 numbers together up to 10 • Can recognise all coins • Understands the terms too many, estimate, before, next to, after and between	• Understands the terms plus, more than and less than • Can count reliably to 5 and make sets of up to 5. • Joins in with rote counting beyond 10 using words or signs • Can rote count onwards from a given small number • Can use ordinal numbers (first, second, etc) when describing positions • Can name a circle, triangle and square • Can continue a repeating pattern of up to 2 objects • Can count and sequence numbers to 10 and relate them to sets of objects • Can add one and take away one to any number up to 10 • Can put 2 sets of numbers together • Knows that 0 is less than 1	• Can demonstrate an understanding of one-to-one correspondence in a range of contexts [for example: matching objects such as cups to saucers/straws to drink cartons] • Can count reliably to 3, make sets of up to 3 objects and use numbers to 3 in familiar activities and games • Able to demonstrate an understanding of more • Joins in with new number rhymes, songs and games

Year Four

Standard Scores	>70	70-65	64-59	58-51	<50
	Place	Place Plus		High Needs Block	
Reading	• Able to read simple stories and demonstrate an understanding of the story with accuracy • Able to express an opinion about major events or ideas in stories • Blends and segments sounds into words • Able to use more than one strategy, such as phonic, graphic, syntactic or contextual when reading unfamiliar words and establishing meaning • Able to compare stories and identify similarities and differences • Uses an understanding of the story to make predictions	• Blends and segments sounds in consonant clusters e.g. string, catch and uses this knowledge in reading • Has an awareness of the grammar of a sentence and uses this to help decipher new or unfamiliar words • Talks about, and expresses opinions about, the main events and characters in a text and highlights the most important parts • Understands the difference between fiction and non-fiction • Recognises repetitions and rhymes • Beginning to make links between texts and own experiences	• Can recognise or read a growing number of familiar words or symbols in texts including their own name • Recognises at least half of the letters of the alphabet and applies this knowledge to attempt the reading of unknown words, using picture clues to help • Makes one to one correspondence between spoken and written words and expects written texts to make sense • Recalls/retells the main points from a simple story in the correct sequence • Recognises rhyming words/patterns and alliteration • Blends phonemes to read CVC, CCVC and CVCC words • Answers literal retrieval questions about texts	• Shows an interest in reading • Predicts elements of a narrative [e.g. filling in missing words] • Able to distinguish between print or symbols and pictures in texts • Understands the conventions of reading [e.g. following text left to right, top to bottom) and understands/ uses terms such as book, beginning, end, page,	
Writing	• Writing contains evidence of simple and compound sentences • Some evidence of punctuation other than capital letters and full stops • Writing begins to show the characteristics of chosen form based on the structure of known texts • Writes chronological and non-chronological texts using simple structures	• Is able to write a simple sentence that makes sense • Uses full stops and capital letters with some consistency • Ideas are sequenced appropriately with a beginning and one event • Writing can be read without mediation • Able to recognise and use alternative ways of spelling phonemes	• Shows an understanding of how text is arranged on the page [e.g. writing from left to right] • Writes, or use their preferred mode of communication, to set down their name • Writing communicates meaning through simple words and phrases.	• Able to group letters and leave spaces between them as though writing separate words • Aware of the sequence of letters, symbols and words • Able to write their name and one/two simple words correctly from memory	

		• Most letters are correctly formed and orientated and there are spaces between words.	• Can compose a sentence orally and attempt to replicate it in writing • Writing contains some capital letters and shows an awareness of full stops • Joins 2 ideas together using 'and' • Writing can generally be read without mediation • Beginning to use alternative spellings for phonemes (e.g. /ae/ being spelt ai/ay/a-e) • Most letters are correctly formed and oriented but spacing between words may be irregular	
Maths	• Can read and sequence numbers to 100 and will attempt to write numbers to 100 although there may be confusion between tens and units • Can recognise odd and even numbers to 50 • Able to recall number bonds to 10 • Can add 2 numbers together up to 100, using a number line • Can identify and continue a number pattern in ones and twos • Can subtract on a number line by counting backwards from 100 • Can recognise a half and find a quarter of a shape • Can tell the time to the hour	• Can write numbers to 20 • Can order numbers to at least 30 • Can partition numbers up to 20 into tens and units • Can work out a missing number from a simple sequence up to 30 • Able to tell which of any 2 numbers is the larger or smaller (up to 30) • Demonstrates an understanding of, and uses, the symbols + and = • Can recognise the subtraction symbol • Can work out how many to subtract from a number to leave a given number to 30 • Can add 2 coins together up to 30	• Understands the terms plus, more than, less than, too many, estimate, before, next to, after and between • Can rote count onwards from a given small number • Can use ordinal numbers (first, second, etc) when describing positions • Can name a circle, triangle, square and rectangle • Can put 2 sets of numbers together • Knows that 0 is less than 1 • Can recognise repeating patterns of 3 items • Can order numbers to 20 • Can add 1 to any number up to 10 and record the operation • Can estimate the number of objects in a group up to 10 • Can add 2 or 3 sets of numbers together up to 10 • Can recognise all coins	• Joins in rote counting to 10 • Can count reliably to 5 and make sets of up to 5. • Can recognise numerals to 5 and understand that each represents a constant number or amount • Demonstrates an understanding of 'less' • Responds to add one in practical situations

Year Five

Standard Scores	>70	70-65	64-59	58-51	<50
	Place	Place Plus		High Needs Block	
Reading	- Reads aloud with intonation and expression, taking into account punctuation - Able to break words down into syllables in order to decode polysyllabic words - Blends and segments long vowel phonemes (e.g. played, sound, moon) - Generates questions before reading and uses bibliographic knowledge to retrieve specific information - Goes beyond own experience or general impressions and refers to text to explain meaning - Makes simple inferences about characters' thoughts, feelings or reasons for actions - Uses insights into characters to make predictions about story outcomes - Understands how to use alphabetically ordered texts to retrieve information - Locates and discusses effective language choices	- Able to read simple stories and demonstrates an understanding of the story with accuracy - Able to express an opinion about major events or ideas in stories - Blends and segments sounds into words - Able to use more than one strategy, such as phonic, graphic, syntactic or contextual when reading unfamiliar words and establishing meaning - Able to compare stories and identify similarities and differences - Uses an understanding of the story to make predictions	- Makes one to one correspondence between spoken and written words and expects written texts to make sense - Recalls/retells the main points from a simple story in the correct sequence - Recognises rhyming words/patterns and alliteration - Blends phonemes to read CVC, CCVC and CVCC words and blends/segments sounds in consonant clusters - Answers literal retrieval questions about texts - Has an awareness of the grammar of a sentence and uses this to help decipher new or unfamiliar words - Talks about, and expresses opinions about, the main events and characters in a text - Understands the difference between fiction and non-fiction - Beginning to make links between texts and own experiences	- Understands that words, symbols and pictures convey meaning - Recognises or reads a growing repertoire of familiar words or symbols, including their own name - Recognises at least half of the letters of the alphabet by shape, name or sound - Associates sounds with patterns in rhymes, with syllables, and with words or symbols	
Writing	- Uses a range of connectives to make compound sentences e.g. and, but, because and to signal time e.g. then, after, before, meanwhile - Uses full stops, capital letters and question marks with some consistency - Detail is used to engage the reader	- Writing contains evidence of simple and compound sentences - Some evidence of punctuation other than capital letters and full stops - Writing begins to show the characteristics of chosen form based on the structure of known texts	- Writing communicates meaning through simple words and phrases. - Can compose a simple sentence orally and write this sentence - Writing can generally be read without mediation - Uses full stops and capital letters with some consistency	- Shows an awareness that writing can have a range of purposes (e.g. lists, letters or stories) - Shows understanding of how text is arranged on the page [e.g. writing from left to right] - Writes or uses their preferred mode of	

	• Spells with increasing accuracy and confidence, drawing on word recognition and knowledge of word structure and spelling patterns • Writing is legible, uses upper and lower case letters appropriately within words and observes correct spacing within and between words	• Writes chronological and non-chronological texts using simple structures	• Ideas are sequenced appropriately with a beginning, middle and an end and some ideas are linked by 'and' • Writing can be read without mediation • Able to recognise and use alternative ways of spelling phonemes • Most letters are correctly formed and orientated and there are spaces between words.	communication to set down their name with appropriate use of upper and lower case letters or appropriate symbols
Maths	• Can read and write all numbers to 100 • Can count on and back in 2's, 5's and 10's • Can recognise odd and even numbers to 100 • Able to partition 2 digit numbers into tens and units and add them together. • Recognises 0 as a place holder • Can add 2 digit numbers, sometimes without apparatus • Able to double numbers to 5 and halve numbers to 10 • Able to recall number bonds to 20 • Able to identify and continue a number pattern (increasing or decreasing in 2's, 5's or 10's) from any 2 digit number • Can tell the time to o'clock, half past, quarter past and quarter to	• Can read and sequence numbers to 100 and will attempt to write numbers to 100 although there may be confusion between tens and units • Can recognise odd and even numbers to 50 • Able to recall number bonds to 10 • Can add 2 numbers together up to 100 using a number line • Can identify and continue a number pattern in ones and twos • Can subtract on a number line by counting backwards from 100 • Can recognise a half and find a quarter of a shape • Can tell the time to the hour	• Understands maths terms e.g. plus, more than, less than, too many, estimate etc. • Uses ordinal numbers • Can name a circle, triangle, square and rectangle • Can recognise repeating patterns of 3 items • Can write numbers to 20 and order numbers to 30 • Estimates the number of objects in a group up to 10 • Can add 2 or 3 numbers together up to 10 • Can recognise all coins and add 2 coins together up to 30p • Can partition numbers up to 20 into tens and units • Can identify a missing number from a simple sequence up to 30 • Understands, and uses, the symbols + and = and recognises –	• Joins in with rote counting beyond 10 • Continues to rote count onwards from a given small number • Able to recognise differences in quantity.

Year Six

Standard Scores	>70	70-65	64-59	58-51	<50
	Place	Place Plus		High Needs Block	
Reading	- Recognises a range of prefixes and suffixes and uses this knowledge to construct the meanings of words in context - Reads fluently with intonation, expression and regard for punctuation - Uses a range of strategies across a range of contexts to read with meaning - Uses contents, chapters and pages to locate specific information - Gains an overall impression of a text by making predictions about the content of a book by skim reading, using the title/ contents page or illustrations - Identifies and comments on vocabulary and literary features e.g. alliteration, repetition, similes etc.	- Reads aloud with intonation and expression, taking into account punctuation - Able to break words down into syllables in order to decode polysyllabic words - Blends and segments long vowel phonemes (e.g. played, sound, moon) - Generates questions before reading and uses bibliographic knowledge to retrieve specific information - Goes beyond own experience or general impressions and refers to the text to explain meaning - Makes simple inferences about characters' thoughts, feelings or reasons for actions - Uses insights into characters to make predictions about story outcomes - Understands how to use alphabetically ordered texts to retrieve information - Locates and discusses effective language choices	- Blends and segments sounds into words - Able to use more than one strategy, such as phonic, graphic, syntactic or contextual when reading unfamiliar words and establishing meaning - Struggles to use the grammar of a sentence to decode new or unfamiliar words - Understands the difference between fiction and non-fiction - Beginning to make links between texts and own experiences - Able to read simple texts and demonstrate an understanding of the text - Able to express an opinion about major events, ideas or characters in stories - Able to compare stories and identify common themes - Uses an understanding of the story to make predictions	- Recognises familiar words in simple texts - Struggles to blend phonemes to read CCVC and CVCC words - Expects written text to make sense - Answers literal retrieval questions about texts - Identifies favourite characters and parts of a story - Retells simple stories orally using a storyboard or story map - Comments on rhyming patterns/recognises rhyming stories	
Writing	- Begins to use subordination in writing e.g. if, so, while, through, since etc. - Uses question marks and commas in writing - Starts to show awareness of paragraphs	Uses a range of connectives to make compound sentences e.g. and, but, because and to signal time e.g. then, after, before, meanwhile	- Ideas are sequenced appropriately with a beginning and one event - Writing contains evidence of simple sentences but few compound sentences	- Can compose a sentence orally and attempt to replicate it in writing - Writing contains some use of capital letters and shows an awareness of how full stops are used. - Some ideas are linked by 'and'	

	• Able to sustain form in narrative, including the use of person and time • Knows how to tackle the spelling of unfamiliar words • Beginning to join some letters when writing • Able to write stories with a beginning, middle and end	• Full stops, capital letters and question marks are used with some consistency • Spells with increasing accuracy and confidence, drawing on word recognition, knowledge of word structure and spelling patterns • Writing is legible, uses upper and lower case letters appropriately within words and observes correct spacing within and between words	• Some evidence of punctuation other than capital letters and full stops • Writing begins to show the characteristics of chosen form based on the structure of known texts • Writes chronological and non-chronological texts using simple structures	• Writing can generally be read without mediation • Beginning to use alternative ways of spelling phonemes (e.g. /ae/ being spelt ai/ay/a-e) • Most letters are correctly formed but spacing between words may be irregular
Maths	• Can read and write all numbers to 1000 • Able to partition numbers into hundreds, tens and units • Knows all number bonds to 100 • Able to double numbers to 10 and halve numbers to 20 • Recognises the x sign • Able to understand that $\times 2$ represents doubling and $\div 2$ represents halving • Able to recall 2x, 5x and 10x tables • Understands that multiplication is the same as repeated addition • Can use pictures of 2D and 3D shapes to describe their properties • Can total money to £10 • Can measure using a ruler up to 30cm	• Can read and write all numbers to 100 • Can count on and back in 2's, 5's and 10's • Can recognise odd and even numbers to 100 • Able to partition 2 digit numbers into tens and units and add them together. • Recognises 0 as a place holder • Can add 2 digit numbers, sometimes without apparatus • Able to double numbers to 5 and halve numbers to 10 • Able to recall number bonds to 20 • Able to identify and continue a number pattern (increasing or decreasing in 2's, 5's or 10's) from any 2 digit number • Can tell the time to o'clock, half past, quarter past and quarter to	• Able to recall number bonds to 10 • Can read and sequence numbers to 100 and will attempt to write numbers to 100 although tens and units may be confused • Can recognise odd and even numbers to 50 • Can add and subtract to 100 using a number line • Can partition numbers up to 20 into tens and units • Can identify a missing number from a simple sequence up to 30 • Understands, and uses, the symbols + and = and recognises – • Can identify and continue number patterns in ones and twos • Can add 2 coins together up to 30p • Can recognise a half and find a quarter of a shape • Can tell the time to the hour	• Can recognise and name a rectangle • Can recognise repeating patterns of 3 items • Can order numbers to 20 • Can add 1 to any number up to 10 and record the operation • Can estimate the number of objects in a group up to 10 • Can add 2 or 3 numbers together up to 10 • Can recognise all coins • Understands the terms too many, estimate, before, next to, after and between

Year Seven

Standard Scores	>70	70-65	64-59	58-51	<50
	Place	Place Plus		High Needs Block	
Reading	- Reads independently using known strategies appropriately to establish meaning - Re-reads short phrases if sense is lost - Makes notes from information located in texts - Identifies the main idea, and summarises the main points, from a paragraph of text - Discusses the actions of the main characters and justifies views using evidence from the text - Recognises all consonant digraphs (e.g. kn/ph etc)	- Recognises a range of prefixes and suffixes and uses this knowledge to understand words in context - Reads fluently with intonation, expression and regard for punctuation - Uses a range of strategies across a range of contexts to read with meaning - Uses contents, chapters and pages to locate specific information - Gains an overall impression of a text by making predictions about the content of a book by skim reading, using the title/contents pages or illustrations - Identifies and comments on vocabulary and literary features e.g. alliteration, repetition, similes etc.	- Struggles to read aloud with intonation and expression, taking into account punctuation - Struggles to break words down into syllables in order to decode polysyllabic words - Is unable to use more than one decoding strategy, e.g. phonic, graphic, syntactic or contextual information to establish meaning - Able to read and understand simple texts with accuracy - Able to compare stories and identify common themes - Generates questions before reading and uses bibliographic knowledge to retrieve specific information - Refers to text to explain meaning and makes simple inferences about characters' thoughts, feelings or reasons for actions - Can use alphabetically ordered texts to retrieve information	- Struggles to blend and segment sounds in consonant clusters e.g. string, catch and use this knowledge when reading - Does not have a good awareness of grammar and so cannot use this knowledge to help decode new or unfamiliar words - Talks about, and expresses opinions about, the main events and characters in a text and identifies the most important parts - Understands the difference between fiction and non-fiction - Recognises repetitions and rhymes in texts - Beginning to make links between texts and own experiences	
Writing	- Writing generally consists of grammatically correct sentences and a range of connectives - Detail is added to writing through the use of noun phrases e.g. glistening brightly - Full stops and capital letters are used consistently	- Able to write stories with a beginning, middle and end - Begins to use subordination in writing e.g. if, so, while, through, since etc. - Sometimes uses question marks and commas in writing - Beginning to an show awareness of paragraphs	- Writing contains evidence of simple sentences and uses a range of connectives e.g. and, but, because and signals for time e.g. then, after, before, meanwhile - Full stops, capital letters and question marks are sometimes used and other punctuation is emerging	- Is able to write a simple sentence that makes sense - Struggles to use full stops and capital letters with consistency - Struggles to sequence ideas with stories not always including a beginning and an event	

	- The use of speech marks and exclamation marks are emerging - Able to put two or more events together into a story to develop story structure - Links between ideas may not be clear in writing - Beginning to group related content into paragraphs - High and medium frequency words are usually spelt correctly - Prefixes and suffixes are set correctly when used - Letters are consistent in size and proportion, spacing between and within words is consistent and handwriting joins are formed correctly	- Able to sustain form in narrative, including the use of person and tense - Able to tackle the spelling of unfamiliar words - Beginning to join some letters when writing	- Struggles to spell with accuracy and confidence and draw on word recognition, knowledge of word structure and common spelling patterns - Writing is usually legible, upper and lower case letters are used appropriately within words and spacing within and between words is evident	- Writing can usually be read without mediation - Not able to recognise and use alternative ways of spelling phonemes - Most letters are correctly formed and orientated and there are spaces between words.
Maths	- Can write numbers to 1000 and read numbers in the 1000's - Can round 2 digit numbers to the nearest 10 and 3 digit numbers to the nearest 100 - Can count on or back in 1's, 10's or 100's from any 2 or 3 digit number - Can count back in 2's from any 2 digit number - Can double or halve numbers to 100 - Can add three 2 digit numbers - Can subtract a 2 digit number from another as long as no is exchange involved - Can recall most 3x and 4x tables - Can tell the time to the nearest 5 minutes	- Can read and write all numbers to 1000 - Able to partition numbers into hundreds, tens and units - Knows all number bonds to 100 - Able to double numbers to 10 and halve numbers to 20 - Recognises the x sign - Able to understand that x2 represents doubling and ÷2 represents halving - Able to recall 2x, 5x and 10x tables - Understands that multiplication is the same as repeated addition - Can use pictures of 2D and 3D shapes to describe their properties - Can measure using a ruler up to 30cm	- Struggles to recall number bonds to 20 with consistency - Can read, write and sequence numbers to 100 - Struggles to add and subtract to 100 using a number line - Can count on and back in 2's, 5's and 10's - Can partition 2 digit numbers into tens and units and add them together, sometimes without apparatus. - Able to double numbers to 5 and halve numbers to 10 - Able to identify and continue a number pattern (increasing or decreasing in 2's, 5's or 10's) from any 2 digit number - Unable to tell the time to o'clock, half past, quarter past and quarter to	- Can write numbers to 20 - Struggles to order numbers to 30 - Struggles to partition numbers to 20 into tens and units - Unable to identify the missing number from a simple sequence up to 30 - Able to tell which of any 2 numbers is the larger or smaller (up to 30) - Demonstrates an understanding of, and uses, the symbols + and = and can recognise the subtraction symbol - Struggles to add 2 coins together up to 30p

Years Eight and Nine

Standard Scores	>70	70-65	64-59	58-51	<50
	Place	Place Plus		High Needs Block	
Reading	- Reads longer pieces of text largely independently and uses self-help strategies to decode and comprehend - Identifies and discusses issues and is able to locate evidence in a text - Infers reasons for actions and events based on evidence from a text - Is able to use non-fiction features to find information in a text - Comments on the choice of language to create moods and build tension	- Reads independently using known strategies to establish meaning - Re-reads short phrases if sense is lost - Makes notes from information located in texts - Identifies the main idea, and summarises the main points, from a paragraph of text - Discusses the actions of the main characters and justifies views using evidence from the text - Recognises all consonant digraphs (e.g. kn/ph etc)	- Struggles to read aloud with intonation and expression, taking into account punctuation - Struggles to break words down into syllables in order to decode polysyllabic words - Unable to use a range of strategies to read with meaning - Unable to recognise a range of prefixes and suffixes and use this knowledge to understand words in context - Struggles to read and understand simple texts with accuracy - Struggles to gain an overall impression of a text through predicting the content of a book by skim reading, using the title/contents pages or illustrations - Struggles to use alphabetically ordered texts to retrieve information	- Struggles to read simple texts and demonstrate an understanding of the text with any degree of accuracy - Struggles to express an opinion about major events or ideas in stories - Struggles to blend and segment sounds into words - Unable to use more than one strategy, e.g. phonic, graphic, syntactic or contextual to help decode unfamiliar words and/or establish meaning - Struggles to compare stories and identify common themes - Struggles to use an understanding of a story to make predictions	
Writing	- Writing is composed of effective, grammatically correct sentences - Accurate use of sentence punctuation including commas to mark clauses, apostrophes to indicate possession and speech/exclamation marks - Narrative writing contains a beginning, middle and end, although these may not be well balanced - Connectives are consistently used to establish cohesion between paragraphs	- Writing generally consists of grammatically correct sentences and a range of connectives - Detail is added to writing through the use of noun phrases e.g. glistening brightly - Full stops and capital letters are used consistently - The use of speech marks and exclamation marks are emerging	- Some sentences are demarcated with full stops and capital letters and the use of question marks and commas is emerging - Struggles to spell with increasing accuracy and confidence and draw on word recognition, knowledge of word structure and spelling patterns - Struggles to tackle the spelling of unfamiliar words independently	- Writing usually contains evidence of simple sentences - Some evidence of punctuation other than capital letters and full stops - Struggles to show the characteristics of chosen form based on the structure of known texts - Struggles to write chronological and non-chronological texts using simple structures	

	- Adverbs are used to add detail to actions - Able to spell common homophones correctly - Able to apply common spelling rules - Letters are consistent in size and proportion, spacing between and within words is consistent and handwriting joins are formed correctly	- Able to put two or more events together into a story to develop story structure - There may be some links between ideas but these may not be clear in writing - Beginning to group related content into paragraphs - High and medium frequency words are usually spelt correctly - Prefixes and suffixes are set correctly when used - Letters are consistent in size and proportion, spacing between and within words is consistent and handwriting joins are formed correctly	- Writing is legible, uses upper and lower case letters appropriately within words and observes correct spacing within and between words. - Beginning to join some letters when writing - Beginning to show an awareness of paragraphs - Struggles to sustain form in narrative, including the use of person and tense	
Maths	- Can read and write numbers in the thousands - Can round numbers to the nearest 10 or 100 - Can add or take away negative numbers set out on a number line - Can subtract 2 digit numbers from each other using decomposition when needed - Understands that division is the same as repeated subtraction - Able to recall division facts for the 2x, 5x and 10x tables - Able to recall most multiplication tables - Can count on and back in steps of 3,4 or 5 from any number - Can interpret graphs with scales in 1's, 2's or 5's	- Can write numbers to 1000 and read numbers in the 1000's - Can round 2 digit numbers to the nearest 10 and 3 digit numbers to the nearest 100 - Can count on or back in 1's, 10's or 100's from any 2 or 3 digit number - Can count back in 2's from any 2 digit number - Can double or halve numbers to 100 - Can add three 2 digit numbers - Can subtract a 2 digit number from another as long as there is no exchange involved - Can recall most 3x and 4x tables - Can tell the time to the nearest 5 minutes	- Struggles to read and write all numbers to 1000 - Unable to recall number bonds to 100 - Struggles to count on and back in 2's, 5's and 10's or recall 2x, 5x and 10x tables - Struggles to add 2 digit numbers together without apparatus - Struggles to identify and continue number patterns (increasing/ decreasing in 2's, 5's or 10's) from any 2 digit number - Struggles to tell the time to 1/2 past, 1/4 past and 1/4 to - Unable to double numbers to 10, halve numbers to 20, a understand x2 as doubling and ÷2 as halving - Recognises the x sign but struggles to understand x as repeated addition	- Struggles to read and sequence numbers to 100. - Will attempt to write numbers to 100 although there may be confusion between tens and units - Struggles to recognise odd and even numbers to 50 - Struggles to recall number bonds to 10 - Struggles to add 2 numbers together to 100 using a number line - Struggles to identify and continue number patterns in ones and twos - Struggles to subtract on a number line by counting backwards from 100 - Struggles to tell the time to the hour

Years Ten and Eleven

Standard Scores	>70	70-65	64-59	58-51	<50
	Place	Place Plus		High Needs Block	
Reading	- Reads a range of texts fluently and accurately - Re-reads and reads ahead to look for clues to determine meaning - Infers meaning using evidence from the text - Selects relevant points to compare and contrast characters	- Reads longer pieces of text largely independently and uses self-help strategies to decode and comprehend - Identifies and discusses issues and is able to locate evidence in a text - Infers reasons for actions and events based on evidence from a text - Is able to use non-fiction features to find information in a text - Comments on the choice of language to create moods and build tension	- Struggles to read using known strategies appropriately to establish meaning - Struggles to read and understand simple texts with accuracy - Struggles to gain an overall impression of a text by predicting the content/ subject of a book by skim reading, using the title/ contents page or illustrations - Struggles to use contents, chapters and pages to locate specific information - Struggles to identify the main idea, and summarise the main points, from a paragraph of text - Struggles to discuss the actions of the main characters and justify views using evidence from a text	- Struggles to read aloud with intonation and expression whilst taking into account punctuation - Unable to break words down into syllables in order to decode polysyllabic words - Struggles to blend and segment long vowel phonemes - Struggles to go beyond their own experience or general impressions and refer to a text to explain meaning - Struggles to make simple inferences about characters' thoughts, feelings or reasons for actions - Struggles to use insights into characters to make predictions about story outcomes - Struggles to understand how to use alphabetically ordered texts to retrieve information	
Writing	- Generally uses the correct tense when writing - Use of first and third person is mostly consistent - Apostrophes are used for contraction e.g. don't etc. - Writing is organised into paragraphs to distinguish between different elements	- Writing generally consists of grammatically correct sentences - Accurate use of sentence punctuation including the use of commas to mark clauses, apostrophes to indicate possession and speech/exclamation marks - Narrative writing contains a beginning, middle and end,	- Writing does not generally consist of grammatically correct sentences or use a range of connectives - Struggles to sustain form in narrative, including person and tense - The use of speech marks and exclamation marks are attempted when writing	- Struggles to use a range of connectives when writing - Full stops, capital letters and question marks are not used with consistency - Struggles to spell with increasing accuracy and confidence by drawing on word recognition, knowledge of word	

	- Some vocabulary is chosen to add interest or clarity or to introduce opinion or persuasion - Able to confidently use a range of strategies to spell unfamiliar and irregular words - Able to write consistently using neat, legible and joined handwriting	although these may not be well balanced - Connectives are used to establish cohesion between paragraphs - Adverbs are used to add detail to actions - Able to spell common homophones correctly - Able to apply common spelling rules - Letters are consistent in size and proportion, spacing between and within words is consistent and handwriting joins are formed correctly	- There may be some links between ideas but these may not be clear - Struggles to group related content into paragraphs when writing - High and medium frequency words are often spelt incorrectly - Letters are not consistent in size and proportion, spacing between and within words is not consistent and handwriting joins are not formed correctly	structure and spelling patterns Writing is often not legible, does not use upper and lower case letters appropriately within words and does not observe correct spacing within and between words
Maths	- Can write numbers in tens, hundreds or thousands to dictation - Understands that 2 halves and 4 quarters make a whole - Can add 2 numbers with one decimal place - Can add 2 simple fractions - Able to recall most multiplication tables - Able to divide numbers with remainders - Can read a 24 hour digital clock and tell the time on any analogue clock - Able to read simple timetables and calendars	- Can read and write numbers in the thousands - Can round numbers to the nearest 10 or 100 - Can add or take away negative numbers set out on a number line - Can subtract 2 digit numbers from each other using decomposition when needed - Understands that division is the same as repeated subtraction - Able to recall division facts for the 2x, 5x and 10x tables - Able to recall 3x and 4x tables - Can count on and back in steps of 3,4 or 5 from any number - Can interpret graphs with scales in 1's,2's or 5's	- Struggles to write numbers to 1000 and read numbers in the 1000's - Unable to recall number bonds to 100 - Struggles to partition numbers into hundreds, tens and units - Struggles to recall 2x, 5x and 10x 3x and 4x table tables - Struggles to double numbers to 10, halve numbers to 20, understand x2 as doubling and ÷2 as halving - Struggles to recognise the x sign and understand x as repeated addition - Struggles to count on or back in 1's, 2's or 10's from any 2 digit number - Struggles to double/halve numbers to 100 - Struggles to add 3 two digit numbers - Struggles to subtract a 2 digit number from another (with no decomposition)	- Struggles to read and write all numbers to 100 - Struggles to count on and back in 2's, 5's and 10's - Struggles to recognise odd and even numbers to 100 - Struggles to partition 2 digit numbers into tens and units and add them together. - Struggles to add 2 digit numbers without apparatus - Struggles to double numbers to 5 and halve numbers to 10 - Struggles to recall number bonds to 20 - Struggles to identify and continue number patterns (increasing or decreasing in 2's, 5's or 10's) from any 2 digit number - Struggles to tell the time to o'clock, half past, quarter past and quarter to

Independent Learning

Age	Place	Place Plus		High Needs Block
KS1	- Mostly enjoys and participates in school activities. - Generally remains on task with the regular support mechanisms available.	- Sustains tasks for up to 10 mins independently, but for longer on self-chosen tasks and/or with adult prompts. - For Y2 pupils – able to organise self and materials to engage with tasks.	- Has limited engagement with school activities. - Sustains tasks for up to 10 mins only with continual prompting or refuses to undertake a task even when self-chosen. - Needs adult support present as reassurance for identified tasks. - Requires daily adult support to sustain attention, concentrate and organise self and materials to engage with tasks.	- Has no engagement with school activities. - Demonstrates significant difficulties starting, sustaining or completing tasks within <u>all</u> areas of the curriculum. - Is unable to sustain attention, concentrate and organise self and materials to engage with tasks without intensive adult support.
KS2 +	Is able to be an independent learner and organise self.	- Sustains tasks for up to 20 mins independently but for longer when engaged with the task and/or with adult prompts. - Sometimes have difficulty sustaining attention, concentration and organising self and materials to engage with tasks.	- Has limited engagement with school activities. - Has very little completed recorded work. - Sustains tasks for up to 10 mins only with continual prompting or refuses to undertake a task even when self-chosen. - Needs adult support present as reassurance for identified tasks. - Requires daily adult support to sustain attention, concentrate and organise self and materials to engage with tasks.	As above

Phonology Assessment Scores

Age	Place		Place Plus		High Needs Block
R – 5 years Y1 – 6 years	Problems pronouncing /r, th/; Lisp Child would not be seen in clinic by an SLT.	- Problems in producing later developing sounds e.g. /th/ and affricates /ch/ and /j/ 1 phonological process e.g. fronting (k -> t) or backing (t -> k)	- Unintelligible to unfamiliar listeners 2 typical phonological processes e.g. Fronting and gliding - NB Deviant / atypical processes e.g. Initial Consonant Deletion or a very reduced system or favourite sounds is always considered as significant – severe.	- Unintelligible to unfamiliar listeners 3 phonological processes e.g. Backing + Final Consonant Deletion + /s/ blend reduction.	- Unintelligible to familiar and unfamiliar listeners - Deviant processes e.g. Initial consonant deletion 4 or more phonological processes including a deviant process e.g. Initial consonant deletion + Final consonant deletion + Medial glottalisation + /s/ blend omission or reduction - Vowel distortions - Unusual sound substitutions
Y2 – 7 years to Y5 -10 years	As above but child may be seen in clinic now.	Problems in producing sounds /r/ and /th/	One typical phonological process occurring (any). Difficulties producing later sounds and polysyllabic words. Speech starting to impact upon literacy skills.	Two phonological processes occurring. Difficulties with phonological awareness skills.	Unintelligible to familiar and unfamiliar listeners. Three or more phonological processes occurring. Phonological awareness
Y6 – 11 years to Y9 – 14 years and above	Lisp; /r/ -> /w/. May be seen in clinic for assessment and advice.	Speech sound difficulties when speaking quickly or excited. Can self-correct.	As above e.g. /s/ blend reduction. Child is generally easy to understand but school may need advice and training regarding general strategies e.g. modelling.	Unfamiliar listeners still struggling to understand child's speech. Problems in producing polysyllabic words. Some strategies to make themselves understood.	Still quite unintelligible to familiar and unfamiliar people. Problems in producing polysyllabic words; articulation difficulties other than a lisp and /r/ -> /w/ Lacking in use of strategies to make themselves understood. Poor self-monitoring.

Phonology Assessments:

CLEAR; STAP; Metaphon; DEAP – no age norms other than therapist compares results with typical phonological development.

Phonological Awareness Assessments:

CELF IV:

Expressive Language Assessment Scores

Age	Place		Place Plus		High Needs Block
			< 75%	< 65%	< 50%
R – 5 years For pupils with disordered/spe cific speech and language difficulties	• ⑤Speaking in simple sentences but... errors with regular and irregular past tenses. • Slight delay e.g. 6 months in vocabulary usage as tested by RWFVT.	• ⑤Able to put four or more information carrying words together. • Immature grammar e.g. irregular plural errors. • ⑥ – 12 months delay on RAPT and RWFVT	• ⑤Able to put three information carrying words together. • Errors with plurals (reg and irreg) • ⑥18 months delay on RAPT and RWFVT	• ⑤Able to put two information carrying words together. • Poor grammatical usage. • ⑥2 ½ years delay on RAPT and RWFVT	• ⑤Communicating using single words; • Very limited use of grammar. Echolalia. • Learnt phrases. • Signing or using gestures. • ⑥3;06 years delay on RAPT and RWFVT
R – 5 years Delay in line with cognitive ability	• ⑤Uses sentences of four to six words e.g. "I want to play with cars", "What's that thingy called?" • Uses future and past tense e.g. "I am going shopping" "I walked home". • May continue to have problems with irregular words, "runned" for "ran", "swimmed" for "swam". • Able to remember and enjoys telling long stories or singing songs • Has problems saying r, j, th, ch, and sh. • 3 – 4 years	• ⑤Uses 300 words including descriptive language time space function • Links four to five words together • May stutter or stammer when thinking what to say • Able to use pronouns (me, him, she), plurals and prepositions (in, on, under) • Has problems saying speech sounds: l/r/w/y, f/th, s/sh/ch/dz/j • 2-3 years	• ⑤Vocabulary of over 50 words. • Able to put together single words, signs or symbols to communicate meaning to a range of listeners e.g. Mummy gone or more drink. • Make attempts to repair misunderstandings without changing the words used, e.g. by repeating a word with a different intonation or facial expression. • 18 months – 2 years	• ⑤Repeat, copy and imitate between 20 – 50 single words, signs or phrases or use a repertoire of objects of reference or symbols. • They use single words, signs and symbols for familiar objects e.g. cup, biscuit and to communicate about events and feelings e.g. likes and dislikes. • Age equivalent 15 – 18 months.	• ⑤Vocabulary of 10 – 20 single words; these may not be clear. • Signing or using gestures • Reaches or points to something they want whilst making speech sounds. • Age equivalent below 15 months

Expressive Language Assessment Scores

Age	Place		Place Plus		High Needs Block
Y1 – 6 years For pupils with disordered/ specific speech and language difficulties	Standard scores of 10 or higher and Percentile Ranks of 50 or higher on expressive language subtests e.g. NA; SF; NP and NS/D Ⓔ Slight delay e.g. 6 months in vocabulary usage as tested by RWFVT. - Literacy	Ⓔ Speaking in simple sentences but... errors with regular and irregular past tenses. - A few immaturities in speech sounds. Ⓔ 6 – 12 months delay on RAPT and RWFVT	Ⓔ Able to put four or more information carrying words together. - Immature grammar e.g. irregular plural errors. Ⓔ Lowest 2% of population 18 months delay on RAPT and RWFVT	Ⓔ Able to put three information carrying words together. - Errors with plurals (reg and irreg) Ⓔ Lowest 1% of population 2 ½ years delay on RAPT and RWFVT	Ⓔ Able to put two information carrying words together. - Poor grammatical usage. Ⓔ Below 1% of population 3;06 years delay on RAPT and RWFVT
Y1 – 6 years Delay in line with cognitive ability	Ⓔ Uses well-formed sentences e.g. "I played with Ben at lunch time" but there may still be some grammatical errors e.g. regular and irregular past tenses. - Easily understood by adults and peers, with only a few immaturities in speech sounds, e.g. "th" "r" and three consonant combinations. - Frequently asks the meaning of unfamiliar words and may use them randomly 4- 5 years	Ⓔ Uses sentences of four to six words e.g. "I want to play with cars", "What's that thingy called?" - Uses future and past tense e.g. "I am going shopping" "I walked home". - May continue to have problems with irregular words, "runned" for "ran", "swimmed" for "swam". - Able to remember and enjoys telling long stories or singing songs - Has problems saying r, j, th, ch, and sh. 3-4 years	Ⓔ Uses 300 words including descriptive language time space function - Links four to five words together - May stutter or stammer when thinking what to say - Able to use pronouns (me, him, she), plurals and prepositions (in, on, under) - Has problems saying speech sounds: l/r/w/y, f/th, s/sh/ch/dz/j 2 – 3 years	Ⓔ Vocabulary of over 50 words. - Able to put together single words, signs or symbols to communicate meaning to a range of listeners e.g. Mummy gone or more drink. - Make attempts to repair misunderstandings without changing the words used, e.g. by repeating a word with a different intonation or facial expression. 18 months – 2 years	Ⓔ Repeat, copy and imitate between 20 – 50 single words, signs or phrases or use a repertoire of objects of reference or symbols. - They use single words, signs and symbols for familiar objects e.g. cup, biscuit and to communicate about events and feelings e.g. likes and dislikes. - Age equivalent 15 – 18 months.

Expressive Language Assessment Scores

Age	Place		Place Plus		High Needs Block
Y2 – 7 years For pupils with disordered/specific speech and language difficulties	• ⑤Can use simple connectives e.g. and, but, because. • Plus auditory memory and processing speed SS ≥ 85	• ⑤Immature grammar e.g. problems with irregular plurals and past tenses. • Plus auditory memory and processing speed SS 76 - 85 • 6 – 12 months delay on RAPT and RWFVT	• ⑤Speaking in simple sentences but... errors with regular and irregular past tenses. • Processing speed / auditory memory SS < 75 Plus mild word finding difficulties Lowest 2% of population 18 months delay on RAPT and RWFVT	• ⑤Able to put four or more information carrying words together. • Immature grammar e.g. irregular plural errors. • Processing speed / auditory memory SS < 65 Plus moderate word finding difficulties Lowest 1% of population • 3+ years delay on RAPT and RWFVT	• ⑤Able to put three information carrying words together. • Errors with plurals (reg and irreg) • Processing speed / auditory memory SS < 50 Plus severe • Word finding difficulties Below 1% of population • 4+ years delay on RAPT and RWFVT
Y2 – 7 years Delay in line with cognitive ability	• ⑤Uses well-formed sentences, longer sentences and sentences with more details. May still over generalise rules of grammar e.g. "fought" instead of "fought". • Uses some irregular past tense e.g. "drank" "took". • Can use simple connectives e.g. and, but, because. • Asks and answers "what", "where", "when" questions. • Use language to reason and persuade e.g. "Can I go outside because it's stopped raining?" • 5 – 6 years	• ⑤Uses well-formed sentences e.g. "I played with Ben at lunch time" but there may still be some grammatical errors e.g. regular and irregular past tenses. • Easily understood by adults and peers, with only a few immaturities in speech sounds, e.g. "th" "r" and three consonant combinations. • Frequently asks the meaning of unfamiliar words and may use them randomly. • 4 – 5 years	• ⑤Uses sentences of four to six words e.g. "I want to play with cars", "What's that thingy called?" • Uses future and past tense e.g. "I am going shopping" "I walked home". • May continue to have problems with irregular words, "runned" for "ran", "swimmed" for "swam". • Able to remember and enjoys telling long stories or singing songs • Has problems saying r, j, th, ch, and sh. • 3 - 4 years	• ⑤Uses 300 words including descriptive language time space function • Links four to five words together • May stutter or stammer when thinking what to say • Able to use pronouns (me, him, she), plurals and prepositions (in, on, under) • Has problems saying speech sounds: l/r/w/y, f/th, s/sh/ch/dz/j • 2 – 3 years With a 65% delay this would be < 4 ½ years	• ⑤Vocabulary of over 50 words. • Able to put together single words, signs or symbols to communicate meaning to a range of listeners e.g. Mummy gone or more drink. • Make attempts to repair misunderstandings without changing the words used, e.g. by repeating a word with a different intonation or facial expression. • 18 months – 2 years With a 50% delay this would be < 3 ½ years

Expressive Language Assessment Scores

Age	Place		Place Plus		High Needs Block
Y3 – 8 years For pupils with disordered /specific speech and language difficulties	• ⑤ Expressive language skills at 7 year level • ⑥ Plus auditory memory and processing speed SS ≥ 85	• ⑤ Expressive language skills in 6 – 7 years range • ⑥ Plus auditory memory and processing speed SS 76 - 85	• ⑤ Expressive language skills in 5 – 6 year range • ⑥ Is NOT able to re-tell long stories or to tell their news in the right order due to difficulties with auditory memory and processing speed. SS < 75 ⑥ Lowest 2% of population 18 months delay on RAPT and RWFVT	• ⑤ Speaking in simple sentences but... errors with regular and irregular past tenses. • ⑥ Processing speed / auditory memory SS < 65 ⑥ Lowest 1% of population 2 ½ years delay on RAPT and RWFVT	• ⑤ Able to put four or more information carrying words together. • Immature grammar e.g. irregular plural errors. • ⑥ Processing speed / auditory memory SS < 50 • ⑥ Below 1% of population 3;06 years delay on RAPT and RWFVT
Y3 – 8 years Delay in line with cognitive ability	• ⑥ Asks lots of questions to find out specific information including “how” and “why” • Uses a range of descriptive words in sentences • Uses more complicated grammar and different ways to join phrases to help explain or justify an event. • 7 years	• ⑥ Uses well-formed sentences, longer sentences and sentences with more details. May still over generalise rules of grammar e.g. “fought” instead of “fought”. • Uses some irregular past tense e.g. “drank” “took”. • Can use simple connectives e.g. and, but, because. • Asks and answers “what”, “where”, “when” questions. • Use language to reason and persuade e.g. “Can I go outside because it’s stopped raining?” • 5 – 6 years	• ⑥ Uses well-formed sentences e.g. “I played with Ben at lunch time” but there may still be some grammatical errors e.g. regular and irregular past tenses. • Easily understood by adults and peers, with only a few immaturities in speech sounds, e.g. “th” “r” and three consonant combinations. • Frequently asks the meaning of unfamiliar words and may use them randomly • 4 – 5 years	• ⑥ Uses sentences of four to six words e.g. “I want to play with cars”, “What’s that thingy called?” • Uses future and past tense e.g. “I am going shopping” “I walked home”. • May continue to have problems with irregular words, “runned” for “ran”, “swimmed” for “swam”. • Able to remember and enjoys telling long stories or singing songs • Has problems saying r, j, th, ch, and sh. • 3 - 4 years	• ⑥ Uses 300 words including descriptive language time space function • Links four to five words together • May stutter or stammer when thinking what to say • Able to use pronouns (me, him, she), plurals and prepositions (in, on, under) • Has problems saying speech sounds: l/r/w/y, f/th, s/sh/ch/dz/j • 2 – 3 years With a 50% delay this would be < 4 years

Expressive Language Assessment Scores

Age	Place		Place Plus		High Needs Block
Y4 – 9 years For pupils with disordered/ specific speech and language difficulties	• ⑤Expressive language skills at 7 year level • ⑧Plus auditory memory and processing speed SS ≥ 85	• ⑤Expressive language skills in 6 – 7 years range • ⑧Plus auditory memory and processing speed SS 76 - 85	• ⑤Asks lots of questions to find out specific information including “how” and “why” • Uses a range of descriptive words in sentences • Uses more complicated grammar and different ways to join phrases to help explain or justify an event. • 7 years • ⑩Is NOT able to re-tell long stories or to tell their news in the right order due to difficulties with auditory memory and processing speed. SS < 75	• ⑤Uses well-formed sentences, longer sentences and sentences with more details. May still over generalise rules of grammar e.g. “fought” instead of “fought”. • Uses some irregular past tense e.g. “drank” “took”. • Can use simple connectives e.g. and, but, because. • Asks and answers “what”, “where”, “when” questions. • Use language to reason and persuade e.g. “Can I go outside because it’s stopped raining?” • 5 – 6 years • ⑧Processing speed / auditory memory SS < 65	• ⑤Speaking in simple sentences but... errors with regular and irregular past tenses. • Easily understood by adults and peers, with only a few immaturities in speech sounds, e.g. “th” “r” and three consonant combinations. • Frequently asks the meaning of unfamiliar words and may use them randomly • 4 – 5 years • ⑧Processing speed / auditory memory SS < 50
Y4 – 9 years Delay in line with cognitive ability	• ⑤Expressive language skills at 8 year level	• ⑤Asks lots of questions to find out specific information including “how” and “why” • Uses a range of descriptive words in sentences • Uses more complicated grammar and different ways to join phrases to help explain or justify an event e.g. use of “because” and “so” (therefore). • 7 years	• ⑤Uses well-formed sentences, longer sentences and sentences with more details. May still over generalise rules of grammar e.g. “fought” instead of “fought”. • Uses some irregular past tense e.g. “drank” “took”. • Can use simple connectives e.g. and, but, because. • Asks and answers “what”, “where”, “when” questions. • Use language to reason and persuade e.g. “Can I go outside because it’s stopped raining?” • 5 – 6 years	• ⑤Uses well-formed sentences e.g. “I played with Ben at lunch time” but there may still be some grammatical errors e.g. regular and irregular past tenses. • Easily understood by adults and peers, with only a few immaturities in speech sounds, e.g. “th” “r” and three consonant combinations. • Frequently asks the meaning of unfamiliar words and may use them randomly • 4 – 5 years	• ⑤Uses sentences of four to six words e.g. “I want to play with cars”, “What’s that thingy called?” • Uses future and past tense e.g. “I am going shopping” “I walked home”. • May continue to have problems with irregular words, “runned” for “ran”, “swimmed” for “swam”. • Able to remember and enjoys telling long stories or singing songs • Has problems saying r, j, th, ch, and sh. • 3 - 4 years

Expressive Language Assessment Scores

Age	Place		Place Plus		High Needs Block
Y5 – 10 years For pupils with disordered/specific speech and language difficulties	⑤ Expressive language skills at 7 year level ⑧ Plus auditory memory and processing speed SS >=85	⑤ Expressive language skills in 6 – 7 years range ⑧ Plus auditory memory and processing speed SS 76 - 85	⑤ Asks lots of questions to find out specific information including “how” and “why” • Uses a range of descriptive words in sentences • Uses more complicated grammar and different ways to join phrases to help explain or justify an event. • 7 years ⑩ Is NOT able to re-tell long stories or to tell their news in the right order due to difficulties with auditory memory and processing speed. - SS < 75	⑤ Uses well-formed sentences, longer sentences and sentences with more details. May still over generalise rules of grammar e.g. “fought” instead of “fought”. • Uses some irregular past tense e.g. “drank” “took”. • Can use simple connectives e.g. and, but, because. • Asks and answers “what”, “where”, “when” questions. • Use language to reason and persuade e.g. “Can I go outside because it’s stopped raining?” • 5 – 6 years ⑩ Processing speed / auditory memory SS < 65	⑤ Speaking in simple sentences but... errors with regular and irregular past tenses. • Easily understood by adults and peers, with only a few immaturities in speech sounds, e.g. “th” “r” and three consonant combinations. • Frequently asks the meaning of unfamiliar words and may use them randomly • 4 – 5 years ⑩ Processing speed / auditory memory SS < 50
Y5 – 10 years Delay in line with cognitive ability	⑤ Expressive language skills at 8 year level	⑤ Asks lots of questions to find out specific information including “how” and “why” • Uses a range of descriptive words in sentences • Uses more complicated grammar and different ways to join phrases to help explain or justify an event e.g. use of “because” and “so” (therefore). • 7 years	⑤ Uses well-formed sentences, longer sentences and sentences with more details. May still over generalise rules of grammar e.g. “fought” instead of “fought”. • Uses some irregular past tense e.g. “drank” “took”. • Can use simple connectives e.g. and, but, because. • Asks and answers “what”, “where”, “when” questions. • Use language to reason and persuade e.g. “Can I go outside because it’s stopped raining?” • 5 – 6 years	⑤ Uses well-formed sentences e.g. “I played with Ben at lunch time” but there may still be some grammatical errors e.g. regular and irregular past tenses. • Easily understood by adults and peers, with only a few immaturities in speech sounds, e.g. “th” “r” and three consonant combinations. • Frequently asks the meaning of unfamiliar words and may use them randomly • 4 – 5 years	⑤ Uses sentences of four to six words e.g. “I want to play with cars”, “What’s that thingy called?” • Uses future and past tense e.g. “I am going shopping” “I walked home”. • May continue to have problems with irregular words, “runned” for “ran”, “swimmed” for “swam”. • Able to remember and enjoys telling long stories or singing songs • Has problems saying r, j, th, ch, and sh. • 3 - 4 years

Expressive Language Assessment Scores

Age	Place		Place Plus		High Needs Block
Y6 – 11 years For pupils with disordered/ specific speech and language difficulties	⑤ Expressive language skills at 7 year level ⑥ Plus auditory memory and processing speed SS >=85	⑤ Expressive language skills in 6 – 7 years range ⑥ Plus auditory memory and processing speed SS 76 - 85	⑤ Asks lots of questions to find out specific information including “how” and “why” - Uses a range of descriptive words in sentences - Uses more complicated grammar and different ways to join phrases to help explain or justify an event. 7 years ⑥ Is NOT able to re-tell long stories or to tell their news in the right order due to difficulties with auditory memory and processing speed. SS < 75	⑤ Uses well-formed sentences, longer sentences and sentences with more details. May still over generalise rules of grammar e.g. “fought” instead of “fought”. - Uses some irregular past tense e.g. “drank” “took”. - Can use simple connectives e.g. and, but, because. - Asks and answers “what”, “where”, “when” questions. - Use language to reason and persuade e.g. “Can I go outside because it’s stopped raining?” 5 – 6 years ⑥ Processing speed / auditory memory SS < 65	⑤ Speaking in simple sentences but... errors with regular and irregular past tenses. - Easily understood by adults and peers, with only a few immaturities in speech sounds, e.g. “th” “r” and three consonant combinations. - Frequently asks the meaning of unfamiliar words and may use them randomly 4 – 5 years ⑥ Processing speed / auditory memory SS < 50
Y6 – 11 years Delay in line with cognitive ability	⑤ Expressive language skills at 8 year level	⑤ Asks lots of questions to find out specific information including “how” and “why” - Uses a range of descriptive words in sentences - Uses more complicated grammar and different ways to join phrases to help explain or justify an event e.g. use of “because” and “so” (therefore). 7 years	⑤ Uses well-formed sentences, longer sentences and sentences with more details. May still over generalise rules of grammar e.g. “fought” instead of “fought”. - Uses some irregular past tense e.g. “drank” “took”. - Can use simple connectives e.g. and, but, because. - Asks and answers “what”, “where”, “when” questions. - Use language to reason and persuade e.g. “Can I go outside because it’s stopped raining?” 5 – 6 years	⑤ Uses well-formed sentences e.g. “I played with Ben at lunch time” but there may still be some grammatical errors e.g. regular and irregular past tenses. - Easily understood by adults and peers, with only a few immaturities in speech sounds, e.g. “th” “r” and three consonant combinations. - Frequently asks the meaning of unfamiliar words and may use them randomly 4 – 5 years	⑤ Uses sentences of four to six words e.g. “I want to play with cars”, “What’s that thingy called?” - Uses future and past tense e.g. “I am going shopping” “I walked home”. - May continue to have problems with irregular words, “runned” for “ran”, “swimmed” for “swam”. - Able to remember and enjoys telling long stories or singing songs - Has problems saying r, j, th, ch, and sh. 3 - 4 years

Expressive Language Assessment Scores

Age	Place		Place Plus		High Needs Block
Y7 – 12 years For pupils with disordered/ specific speech and language difficulties	⑤ Uses well-formed sentences, longer sentences and sentences with more details. May still over generalise rules of grammar e.g. "fighted" instead of "fought". • Uses some irregular past tense e.g. "drank" "took". • Can use simple connectives e.g. and, but, because. • Asks and answers "what", "where", "when" questions. • Use language to reason and persuade e.g. "Can I go outside because it's stopped raining?" • 5 – 6 years • ⑩ Processing speed / auditory memory SS < 65	• ⑤ Expressive language skills at 7 year level • ⑧ Plus auditory memory and processing speed SS ≥ 85	• ⑤ Expressive language skills in 6 – 7 years range • ⑧ Plus auditory memory and processing speed SS 76 - 85	• ⑤ Asks lots of questions to find out specific information including "how" and "why" • Uses a range of descriptive words in sentences • Uses more complicated grammar and different ways to join phrases to help explain or justify an event. • 7 years • ⑩ Is NOT able to re-tell long stories or to tell their news in the right order due to difficulties with auditory memory and processing speed. SS < 75	• ⑤ Uses well-formed sentences, longer sentences and sentences with more details. May still over generalise rules of grammar e.g. "fighted" instead of "fought". • Uses some irregular past tense e.g. "drank" "took". • Can use simple connectives e.g. and, but, because. • Asks and answers "what", "where", "when" questions. • Use language to reason and persuade e.g. "Can I go outside because it's stopped raining?" • 5 – 6 years • ⑩ Processing speed / auditory memory SS < 65
Y7 – 12 years Delay in line with cognitive ability	•	• ⑤ Expressive language skills at 8 year level	• ⑤ Asks lots of questions to find out specific information including "how" and "why" • Uses a range of descriptive words in sentences • Uses more complicated grammar and different ways to join phrases to help explain or justify an event e.g. use of "because" and "so"(therefore). • 7 years	• ⑤ Uses well-formed sentences, longer sentences and sentences with more details. May still over generalise rules of grammar e.g. "fighted" instead of "fought". • Uses some irregular past tense e.g. "drank" "took". • Can use simple connectives e.g. and, but, because. • Asks and answers "what", "where", "when" questions. • Use language to reason and persuade e.g. "Can I go outside because it's stopped raining?" • 5 – 6 years	• ⑤ Uses well-formed sentences e.g. "I played with Ben at lunch time" but there may still be some grammatical errors e.g. regular and irregular past tenses. • Easily understood by adults and peers, with only a few immaturities in speech sounds, e.g. "th" "r" and three consonant combinations. • Frequently asks the meaning of unfamiliar words and may use them randomly • 4 – 5 years

Assessments: ⑤ DLS – no norms given

⑥ Renfrew Action Picture Test; Renfrew Word-Finding Vocabulary Test – age equivalents given and ceiling is 8 ½ years.

⑦ STASS

⑧ ACE 6 – 11

⑨ CELF IV

Receptive Language Assessment Scores

Age	Place		Place Plus		High Needs Block
R – 5 years	① Some errors in understanding at Levels 5 – 10 e.g. problems understanding... ② Standard scores of between 80 – 90; Percentile rank of 10 - 25; -1 and above Standard deviations. ④ Scaled scores of 10 or above on CFD; BC; RS and WC-R.	① Understanding at 4 wdl ② Standard score of 75 - 80; Percentile Rank of 5 - 10; -1.25 – 1.5 Standard deviations ④ Scaled scores of 7 – 9 on receptive language subtests.	① Understanding at 3 wdl ② Standard score of 70 – 75; Percentile Rank of 3 – 5; -2 to -1.5 Standard Deviations. ④ Scaled scores of 6 on receptive language subtests.	① Understanding at 2 wdl ② Standard score of 55 – 70; Percentile rank of < 1 to 3; -3 to -2 Standard Deviations. ④ Scaled scores of 4 and 5 on receptive language subtests.	① Understanding at 1 wdl ② Standard score of 40 – 55; Percentile Rank of below 1; -4 – 3 Standard Deviations. ④ Scaled scores of 1 – 3 on receptive language subtests.
	①3 – 4 years - Understands questions or instructions with two parts e.g. “get your jumper” and “stand by the door” - Understands why questions - Is aware of time in relation to past, present and future e.g. “Today is sunny. Yesterday was rainy. I wonder what the weather will be like tomorrow”	①2 – 3 years - Developing understanding of simple concepts including in/on/under, big/little - Understands phrases like “put teddy in the box”, “get your book, coat and bag”, “draw a big brown dog” - Understands simple “who”, “what” and “where” questions but not why - Understands a simple story when supported with pictures.	①18 months – 2 years 200 – 500 words are known - Understands more simple instructions e.g. “Get mummy’s shoes” “Get your bricks” “Tell Dad tea’s ready”	①15 – 18 months - Understands a wide range of single words and some two-word phrases e.g. “give me” “shoe on” - Recognises and points to objects and pictures in books if asked - Gives named familiar objects to adult e.g. coat, car, apple, book.	①12 – 15 months - Understands single words in context e.g. cup, milk, daddy, when the object is there. - Understands more words than they can say - Understands simple instructions e.g. “kiss mummy” “give to daddy” “stop”.

Receptive Language Assessment Scores

Age	Place		Place Plus		High Needs Block
Y1 – 6 years	Delayed vocabulary knowledge: ② Standard scores of between 80 – 90; Percentile rank of 10 - 25; -1 and above Standard deviations. ③ Standard scores of 10 or higher and Percentile Ranks of 50 or higher on receptive language subtests e.g. SC, IC, NLC, SD.;	③ Standard score of 7 - 9 or Percentile Rank between 16 – 49 on receptive language subtests.	① Understanding at or < 4 wdl ③ Standard scores of 6 or Percentile Rank of 9 - 16 on receptive language subtests.	① Understanding at or < 3 wdl ② As above ③ Standard scores of 4 and 5 or Percentile Rank of 2 – 8 on receptive language subtests.	① Understanding at or < 2 wdl ② As above ③ Standard scores of 3 or Percentile Rank of 1 on receptive language subtests.
	①4 – 5 years • Able to follow simple story without pictures • Understands instructions containing sequencing words; “first.....after.....last” • Understands adjectives soft, hard, smooth etc... • Aware at more complex humour, laughs at jokes that are told	①3 – 4 years • Understands questions or instructions with two parts e.g. “get your jumper” and “stand by the door” • Understands why questions • Is aware of time in relation to past, present and future e.g. “Today is sunny. Yesterday was rainy. I wonder what the weather will be like tomorrow”	①2 – 3 years • Developing understanding of simple concepts including in/on/under, big/little • Understands phrases like “put teddy in the box”, “get your book, coat and bag”, “draw a big brown dog” • Understands simple “who”, “what” and “where” questions but not why • Understands a simple story when supported with pictures	①18 months – 2 years • 200 – 500 words are known • Understands more simple instructions e.g. “Get mummy’s shoes” “Get your bricks” “Tell Dad tea’s ready”	①15 – 18 months • Understands a wide range of single words and some two-word phrases e.g. “give me” “shoe on” • Recognises and points to objects and pictures in books if asked • Gives named familiar objects to adult e.g. coat, car, apple, book

Receptive Language Assessment Scores

Age	Place		Place Plus		High Needs Block
Y2 – 7 years	③As above	③As above ①4 – 5 years • Able to follow simple story without pictures • Understands instructions containing sequencing words; “first.....after.....last” • Understands adjectives soft, hard, smooth etc... • Aware at more complex humour, laughs at jokes that are told	③As above ①3 – 4 years • Understands questions or instructions with two parts e.g. “get your jumper” and “stand by the door” • Understands why questions • Is aware of time in relation to past, present and future e.g. “Today is sunny. Yesterday was rainy. I wonder what the weather will be like tomorrow”	③As above ①2 – 3 years • Developing understanding of simple concepts including in/on/under, big/little • Understands phrases like “put teddy in the box”, “get your book, coat and bag”, “draw a big brown dog” • Understands simple “who”, “what” and “where” questions but not why • Understands a simple story when supported with pictures.	①Understanding at or < 1 wdl ③As above ①18 months – 2 years • 200 – 500 words are known Understands more simple instructions e.g. “Get mummy’s shoes” “Get your bricks” “Tell Dad tea’s ready”
Y3 – 8 years	③As above	③As above	③As above ①4 – 5 years • Able to follow simple story without pictures • Understands instructions containing sequencing words; “first.....after.....last” • Understands adjectives soft, hard, smooth etc... • Aware at more complex humour, laughs at jokes that are told	③As above ①3 – 4 years • Understands questions or instructions with two parts e.g. “get your jumper” and “stand by the door” • Understands why questions • Is aware of time in relation to past, present and future e.g. “Today is sunny. Yesterday was rainy. I wonder what the weather will be like tomorrow”	①Understanding at or < 1 wdl ③As above ①2 – 3 years • Developing understanding of simple concepts including in/on/under, big/little • Understands phrases like “put teddy in the box”, “get your book, coat and bag”, “draw a big brown dog” • Understands simple “who”, “what” and “where” questions but not why • Understands a simple story when supported with pictures.

Receptive Language Assessment Scores

Age	Place		Place Plus		High Needs Block
Y4 – 9 years	③As above	③As above	③As above	③As above 4 – 5 years • Able to follow simple story without pictures • Understands instructions containing sequencing words; “first.....after.....last” • Understands adjectives soft, hard, smooth etc... • Aware at more complex humour, laughs at jokes that are told	①Understanding at or < 1 wdl As above 3 – 4 years • Understands questions or instructions with two parts e.g. “get your jumper” and “stand by the door” • Understands why questions • Is aware of time in relation to past, present and future e.g. “Today is sunny. Yesterday was rainy. I wonder what the weather will be like tomorrow”
Y5 – 10 years	③As above	③As above	③As above	③As above	①Understanding at or < 1 wdl As above 4 – 5 years • Able to follow simple story without pictures • Understands instructions containing sequencing words; “first.....after.....last” • Understands adjectives soft, hard, smooth etc... • Aware at more complex humour, laughs at jokes that are told
Y6 – 11 years	③As above	③As above	③As above	③As above	①Understanding at or < 1 wdl As above
Y7 – 12 years					①Understanding at or < 1 wdl
Y8 – 13 years					①Understanding at or < 1 wdl
Y9 – 14 years					①Understanding at or < 1 wdl

Assessments

- ①DLS – No standard scores, percentile ranks etc...
- ②TROG & BPVS – Standard scores and percentile ranks
- ③ACE 6 – 11 – Standard scores and percentile ranks
- ④Pre-school CELF 2 -

Self Help

Age	Place	Place Plus		High Needs Block
KS1	- Can dress and undress independently with the exception of fastenings and verbal reminders of sequencing. - Eats with fork and spoon. - Manages cup reasonably well. - Is toilet trained (during the day) but may need reminders. - Washes hands independently.	- Can undress independently but needs support to dress. - Feeds self independently with spoon/fork but needs adult supervision to avoid choking/overfilling mouth. - Drinks from cup with assistance - Requires personal care supervision to ensure safety and personal hygiene using aids and/or adaptations.	- Will co-operate with dressing e.g. holding out arm/leg. - Needs support to load food onto spoon but takes spoon to mouth independently. - Accepts drinks when offered. - Requires adult assistance to ensure safety and personal hygiene e.g. catheterisation/colostomy.	Dependent on adult support for all self-help and personal care needs.
KS2 +	Independent with adaptations and /or aids and/or considerations.	- To ensure safety requires supervision to dress/undress. May use aids and/or adaptations. - Feeds self with a spoon. - Requires personal care supervision to ensure safety and personal hygiene using aids and/or adaptations. - Requires supervision for self-catheterisation.	- Can undress independently but needs support to dress. - Feeds self independently with spoon/fork but needs adult supervision to avoid choking/overfilling mouth. - Drinks from cup with assistance - Requires personal care supervision to ensure safety and personal hygiene using aids and/or adaptations.	- Accepts dressing and bathing routines, may show enjoyment. - Attempts to hold spoon. - Accepts drink when offered - Puts hands around bottle/cup when drinking. - Has no bowel/bladder control or awareness.

Physical/Medical Difficulties

Age	Place	Place Plus		High Needs Block
Gross	• Independent with adaptations and/or aids and/or considerations. • Is able to walk and position independently but has stability and/or co-ordination difficulties. • Uses available safety features of the school environment e.g. handrails.	• Requires supervision to move within the environment using aids and/or adaptations. • May require additional support to transfer between lessons to carry bags etc.	• Requires assistance to move within the environment using aids and/or adaptations e.g. walking frame/wheelchair/supportive seating • Has difficulty performing physical skills. Needs support e.g. walking frame to maximise function. • Physical skills may fluctuate or deteriorate.	• Dependent on adult support to move within the environment using aids and/or adaptations e.g. wheelchair. • Is unable to bear weight without physical support but may be able to assist. A hoist may be used for transfers. • Is unable to position/reposition without assistance (sitting) and requires supportive seating.
Fine	• Independent with adaptations and/or high tech aids and/or considerations. • Uses writing slope/modified scissors to access class curriculum.	• Requires supervision to record using aids and/or adaptations.	• Requires assistance to record using aids and/or adaptations. • Is physically unable to sustain independent writing for appropriate periods. • Sometimes uses a scribe.	• Dependent on adult support to record using aids and/or adaptations. • Scribe and/or use of ICT to support recording is essential.
Medical	•	• Has persistent minor health problems relating to physical disability or medical condition.	• Learning is often affected by health problems and hospital visits. • Medication may impact adversely on attention and energy levels.	• Learning and Physical Function is significantly affected by disability; periods of absence from school are associated with health problems or frequent surgery. • Support is needed throughout the day to ensure pupil safety and/or rapid response to medical issues.

School Age Descriptors for Social, Communication & Interaction Difficulties

Area		Place	Place Plus	High Needs Block
Communication	Language	- None echoed speech is mostly utterances of at least 3 words and/or simple phrases. - Pitch and tone is rather flat with little variation. - Slightly unusual volume and speech is unusually slow, fast or jerky, Language tends to be more repetitive or formal than that of most individuals,	- Speech is usually occasional phrases and mostly single words. - Speech is clearly abnormal e.g. slow and halting; inappropriately rapid; jerky and irregular in rhythm; odd intonation or inappropriate pitch and stress. - Regular echolalia of words and phrases but there is some spontaneous language which can be stereotyped. Often uses stereotyped utterances or odd words or phrases.	There is no spoken language or speech is echoed (immediate/delayed) with or without communicative intent. Speech largely consists of immediate echolalia.
	Non Verbal Language	Speech is accompanied by abnormal, limited range of gesture, gaze or facial expression	- Little or no non-verbal communication linked with speech/vocalisation. - Difficulties interpreting body language and facial expressions. - Rarely or never directs appropriate facial expressions to others.	No or minimal use gesture, facial expression or socially directed gaze.
	Social Use of Language	- Conversation includes some spontaneous elaboration of responses for listener's benefit but this is less than would be expected for their level of expressive language. - Occasionally offers information spontaneously about his/her own thoughts, feelings or experiences. - Occasionally asks the listener about his/her thoughts feelings or experiences. Is able to give a reasonable account of a routine event which is not part of an intense interest and is likely to be real.	- There is little reciprocal conversation with others and is usually about topics of interest to the child or young person. - Does not usually sustain rapport. - Will initiate speech but often about topics unrelated to the context. - Limited awareness of the need to modify language according to the listener. - Will give brief answers to direct questions. - Rarely or never offers information spontaneously except about topics of interest to CYP. Is able to provide an account of an event but only when given specific prompts or only describes an event that seems unlikely to have happened.	- Little spontaneous communicative speech, may make some limited responses but very few. - The majority of speech is echoed or non-communicative. - Rarely or never asks the listener about his /her thoughts, feelings or experiences and does not express any interest in them. Rarely responds to questions from the listener about their thoughts, feelings or experiences.

Area	Place	Place Plus	High Needs Block	
Social Use of Language	Understands the need for co-operative relationships with others.	Is unable to apply taught strategies in order to maintain reciprocal relationships with some others.	Is unable to understand the need for reciprocal relationships with others most of the time.	Has major difficulty relating to others in all contexts.
	- Has good peer relationships. - Can work or play co-operatively with peers.	- Relationships are shifting and unsustained due to a lack of spontaneous insight into the nature of social relationships. - Lacks reciprocal friendships. - Has few social skills; has difficulty listening, sharing, co-operating with peers and will sometimes need appropriately trained adult supervision to work/play co-operatively in a group.	- Is generally non-communicative with peers. - Requires close supervision and prompting to work/play in a small group by appropriately trained personnel.	- Is unable to engage in peer relationships due to lack of understanding, awareness or interest even with high levels of 1:1 supervision from appropriately trained personnel. - Work or play is severely restricted by inability to engage with small group teaching even with high levels of 1:1 supervision from appropriately trained personnel.
	Demonstrates appropriate responses feelings and actions. Communicates clear understanding and shared emotion with others. Is involved in appropriate social activities	- Has some difficulty demonstrating appropriate emotional responses to others. - Sometimes engages in unsafe, risky behaviour	- Displays daily strong, non-verbal or verbal expressions of emotion. - Minimal communication of emotional understanding or shared emotion. - Exhibits anxious, stressed or avoidance behaviour on a daily basis. - Engages in unsafe, risky, antisocial behaviour, independently or with peers on a daily basis. - Sometimes invades personal space of others and/or adults due to heightened triggered anxieties.	- Strong, non-verbal or verbal expressions of emotion are more frequent than daily. - There are significant difficulties understanding cause and effect of own and others' actions. - Heightened emotional states prevents engagement with teacher directed tasks even in a 1:1 or small group situation. - Engages in unsafe, risky behaviour more frequently than daily. - Daily invades personal space of others and/or hits out at peers or adults.
Behaviour	Accepts boundaries and generally follows behavioural expectations of the school.	- Sometimes challenges adult authority inappropriately. - Sometimes disrupts the learning of themselves and others through low-level behaviours, e.g. talking, making noises, tapping pen, interrupting whole class delivery but will respond to adult reminders.	- Challenges adult authority on a daily basis due to a lack of social understanding. - Daily disrupts the learning of self and others through inappropriate behaviours across a range of situations but responds to intensive intervention from an adult with whom the child has a positive relationship.	- Daily exhibits extremes of demanding, challenging, unpredictable behaviour e.g. throwing equipment/furniture, kicking doors. - Makes inconsistent and unpredictable responses to intensive intervention from appropriately adults with whom he/she has a positive relationship.

Area	Place	Place Plus	High Needs Block	
Anxiety	Has a positive view of themselves in the learning situation e.g. is confident in situations involving the possibility of failure or criticism and is able to adapt to change.	- Anxiety in relation to some areas of learning. - Occasionally makes self-deprecating comments, - Sometimes avoids tasks perceived as difficult e.g. pushed work away. - Sometimes defaces work.	- Anxiety in relation to most areas of learning. - Makes self-deprecating comments daily. - Avoids tasks perceived as difficult daily. Repeatedly defaces work.	- High levels of anxiety in relation to all areas of learning. - Makes self-deprecating comments more frequently than daily. - Avoids tasks perceived as difficult more frequently than daily. - Repeatedly defaces work or frequently needs to begin a task again if perceived to have been completed incorrectly.
Flexibility of Thinking	- Experiences some difficulty with change even when prepared by an adult. - Displays some obsessional and/or ritualistic behaviour but can be managed within existing arrangements.	- Has significant on-going difficulties with managing change even if prepared. - Requires predictability in environment, structure and needs strong routine. - Obsessional and/or ritualistic behaviour interferes with learning.	- Cannot manage change in routines/staff without high levels of adult intervention. - Obsessional and or ritualistic behaviour is all consuming.	
Sensory	Has some discomfort with sensory stimuli and/or may seek out certain stimuli.	Has unusual responses to certain sensory stimuli with some behavioural reactions or signs of stress – may seek sensory feedback such as rocking, mouthing objects.	- Is unable to tolerate certain sensory stimuli and shows extreme reactions. - It is difficult to distract from preferred sensory stimulus. - Unable to partake in learning activities due to sensory difficulties unless in a small quiet predictable environment.	

School Age Descriptors for Social, Emotional and Mental Health Difficulties

Area	Place	Place Plus		High Needs Block
Social and Emotional	Is able to maintain co-operative relationships with school staff.	Is unable to maintain co-operative relationships with some staff.	Is unable to maintain co-operative relationships with most staff most of the time.	Has major difficulty relating to adults in all contexts i.e. home, school and clubs
	- Has good peer relationships. - Can work or play co-operatively with peers.	- Peer relationships are shifting and unsustained. - Lacks reciprocal friendships. - Has few social skills; has difficulty listening, sharing, co-operating with peers and will sometimes need appropriately trained adult supervision to work/play co-operatively in a group.	- Is generally non-communicative with peers or relationships are clearly and persistently exploitative (in either direction). - Requires close supervision and prompting to work/play in a small group by appropriately trained personnel.	- Is unable to engage in peer relationships due to lack of understanding, awareness or interest even with high levels of 1:1 supervision from appropriately trained personnel. - Work or play is severely restricted by inability to co-operate in a small group even with high levels of 1:1 supervision from appropriately trained personnel.
	Demonstrates appropriate responses feelings and actions.	Has some difficulty demonstrating appropriate emotional responses to others.	- Displays daily strong, non-verbal or verbal expressions of emotion. - Exhibits anxious, stressed or avoidance behaviour on a daily basis.	- Strong, non-verbal or verbal expressions of emotion are more frequent than daily. - There is an inability to connect cause and effect of own and others' actions. - Emotional state prevents engagement with teacher or task even in a 1:1 or small group situation.
	Is involved in appropriate social activities.	Sometimes engages in unsafe, risky, antisocial behaviour, independently or with peers.	- Engages in unsafe, risky, antisocial behaviour, independently or with peers on a daily basis. - Sometimes invades personal space of others and/or hits out at peers or adults.	- Engages in unsafe, risky, antisocial behaviour either independently or with peers, more frequently than daily. - Daily invades personal space of others and/or hits out at peers or adults.

Mental Health Behaviour	• Accepts boundaries and generally follows behavioural expectations of the school. • Has a repertoire of social problem solving approaches that are used across contexts. • Able to reflect on their life/successes/difficulties	• Clinical diagnosis of an underlying mental health need/disorder but this is well managed either through the use of appropriate strategies or medication. • Sometimes challenges adult authority inappropriately. • Sometimes disrupts the learning of themselves and others through low-level inappropriate behaviours, e.g. talking, making noises, tapping pen, interrupting whole class delivery but will respond to adult reminders. • Fewer than 3 SDQ scores fall into the borderline range	• Clinical diagnosis of an underlying mental health need/disorder for example anxiety, depression, conduct disorder, ADHD, attachment disorder, schizophrenia or bipolar disorder that impacts on learning, friendships, and well- being and prevents or hinders access to a mainstream teaching and learning environment for between 50-75% of the week • Clinical diagnosis of an underlying mental health need/disorder results in behaviours that challenges adult authority inappropriately on a daily basis. • Clinical diagnosis of an underlying mental health need/disorder results in the daily disruption of the learning of self and others through inappropriate behaviours across a range of situations but responds to intensive intervention from an adult with whom the child has a positive relationship. • At least 3 SDQ subscale scores fall into the 'borderline abnormal' range.	• Clinical diagnosis of an underlying mental health need/disorder for example anxiety, depression, conduct disorder, ADHD, attachment disorder, schizophrenia or bipolar disorder that significantly impacts on learning, friendships, and well- being and prevents or hinders access to a mainstream teaching and learning environment for more than 75% of the week • Clinical diagnosis of an underlying mental health need/disorder resulting in daily exhibits extremes of demanding, challenging, unpredictable behaviour e.g. throwing equipment/furniture, kicking doors. • Clinical diagnosis of an underlying mental health need/disorder resulting in inconsistent and unpredictable responses to intensive intervention from appropriately adults with whom he/she has a positive relationship. • SDQ scores within the 'abnormal' range
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Mental Health/Self Esteem	• Has a positive view of themselves in the learning situation e.g. is confident in situations involving the possibility of failure or criticism and is able to adapt to change.	• Poor self-esteem in relation to some areas of learning. ➤ Occasionally makes self-deprecating comments. ➤ Sometimes avoids tasks perceived as difficult e.g. pushes work away. ➤ Sometimes defaces work.	• Poor self-esteem in relation to most areas of learning. ➤ Makes self-deprecating comments daily. ➤ Avoids tasks perceived as difficult daily. ➤ Repeatedly defaces work ➤ Evidence of regular and sustained self-harm e.g. cutting or eating disorders.	• Poor self-esteem in relation to all areas of learning. ➤ Makes self-deprecating comments more frequently than daily. ➤ Avoids tasks perceived as difficult more frequently than daily. ➤ Repeatedly defaces work ➤ Evidence of regular and sustained self-harm e.g. cutting or eating disorders, requiring specialist professional intervention.
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Early Years Inclusion Funding (EYIF)

What is EYIF?

Early Years settings, Childminders and school nurseries can apply for funding to support children with identified SEND in their setting.

The Inclusion Fund is available to support funded children aged 2, 3 and 4 in nursery schools and classes, private or voluntary settings or with Childminders.

The Inclusion Fund is for those children who already have identified needs and have agencies working together to support them. It will be based on the needs of the child and will support practitioners to improve the child's early learning and developmental outcomes.

The application process will use the existing assessments made by the early years provider and other agencies as a basis for funding allocation. The level of funding awarded will vary depending on the child's level of need and may be used by the provider to enhance staffing ratios for part of the week in order to meet the child's needs.

EYIF Packages

There are two parts to the EYIF packages; child level support and provider level of support.

Child level support is additional funding to be used to provide enhanced staffing for a child. These packages are referred to as Level 1, 2, 3 and 4 (please see below for details).

Provider level support offers continuous professional development opportunities/training sessions for practitioners. Practitioners working with the child will be offered training relevant to the needs of the child in order to further develop their knowledge and skills.

Package	Level of funding (additional to free entitlement)	Additional support
EYIF Level 1	None	Access to funded places on short training sessions designed to support practitioners to meet the needs of the child
EYIF Level 2	£550 per term	
EYIF Level 3	£1100 per term	On-line guidance documents
EYIF Level 4	£1650 per term	On-line training packages to support dissemination.

How do I apply?

Settings apply by submitting an application to the Early Years SEN Inclusion Panel where it will be assessed against a matrix of development.

The provider should submit the following documentation to the panel by the termly deadline:

- Child information form
- Early Help Assessment and Action Plan and any reviews
- Most recent reported from external agencies (e.g. speech and language therapy and occupational therapy etc)

Deadline dates for application, and further information re Early Years Inclusion Funding, including the matrix of development, can be found at: <https://www.boltonstartwell.org.uk/resources/send-inclusion/1>



Disability Access Fund

The Disability Access Fund is available to 3 and 4 year olds who are in receipt of Disability Living Allowance and receive their Free Early Education Entitlement at a setting within Bolton.

Children are eligible for the 3 and 4 year old Free Early Education Entitlement during the term after they turn 3 years old. The funding is not available to childcare settings that are not claiming the Free Early Education Entitlement. This Fund is not available to 4 year olds who are attending maintained, academy or free school reception classes.

Eligible children can receive £615 per year and this is paid to the childcare provider that the parent nominates. This is not based on an hourly rate and is an additional entitlement. Children do not need to take up all of their entitled 570 hours of Free Early Education to be able to access the Disability Access Fund.

The funding aims to support providers in making reasonable adjustments to their settings and/or helping with building capacity. It cannot be used to part fund additional hours. Providers should discuss with parents how they intend to use the funding to support the child's needs.

Funding cannot be reclaimed if the child moves settings. The new setting will be able to apply again for the funding the following year.

Early Years providers are responsible for identifying eligible children and local authorities will check that the child meets the Disability Access Fund eligibility requirements.

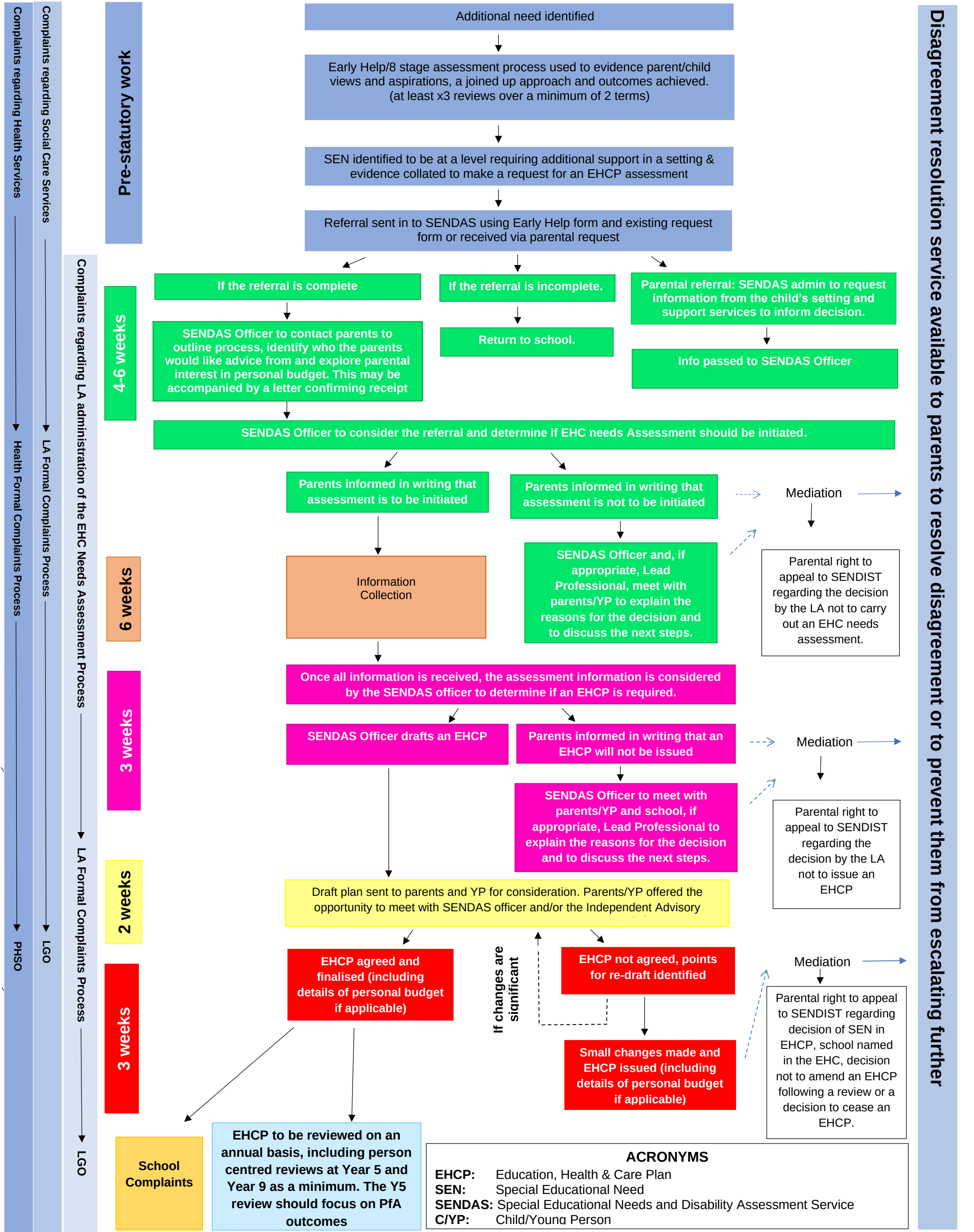
More information on the Disability Access Fund and Disability Living Allowance can be found at:

<https://www.boltonstartwell.org.uk/resources/send-inclusion/17?documentId=7&categoryId=7>

<https://contact.org.uk/advice-and-support/benefits-financial-help/benefits-and-tax-credits/disability-living-allowance/>

<https://www.gov.uk/disability-living-allowance-children>

EDUCATION, HEALTH AND CARE ASSESSESMENT FRAMEWORK



Parent/Carer Agreement - Application for an Education, Health and Care Needs Assessment

Child Details:

Name of Child: _____

D.O.B: _____ Age in Years and Months: _____

Name of Setting: _____

Key Stage: _____ Year Group: _____

I agree to:

1. The submission of a request to the Local Authority for additional funding/initiation of an Education, Health and Care Needs Assessment for my son/daughter (if they are under 16 years of age), or myself (if over 16 years of age).
2. For the information submitted as part of this referral to be shared with Education, Health and Social Care Professionals and discussed at any relevant panel meetings.
3. If a decision is made to undertake an Educational, Health and Care Needs Assessment, I agree to allow the necessary medical health, educational, psychological and social care assessments to take place and for such information and reports to be shared with the Local Authority.

Privacy Notice:

Our core data protections obligations and commitments are set out in the council's privacy notice at www.bolton.gov.uk.

This notice provides additional privacy information for people accessing the SEND (Special Educational Needs and Disability) Assessment Service and partners working with Bolton Council.

It describes how we collect, use and share personal information about you:

- in relation to the SEND (Special Educational Needs and Disability) Assessment Service
- the types of personal information we need to process, including information the law describes as 'special' because of its sensitivity

It is important that you read this notice, together with any other privacy information we may provide on specific occasions when we are collecting or processing personal information about you, so that you are aware of who and why we are using such information.

Print Full Name: _____

Signed: _____

Date: _____

Application for an Education, Health and Care Needs Assessment

Please complete the following Early Help (EH)/Core Assessment information:

Child Details:

Name of Child: _____

D.O.B: _____ Age in Years and Months: _____

Name of Setting: _____

Key Stage: _____ Year Group: _____

Early Help/Core Assessment: _____

EH Version: _____ Origin Date: _____ Review Date: _____

Lead Professional: _____

EH/Core Assessment Attached: _____

Is the child/young person LAC? Yes/No _____

	Current Academic Year	Last Academic Year
Exclusions		
Internal Exclusions		
Attendance		
Possible		
Actual		

Section A: All About Me

- Ages 0-15 years – To be completed with parent/carer and child
- 16+ years - To be completed by young person with parent/carer input if requested / required by young person

Full Name of child or young person: Known as:	
Date of Birth:	
Education UPN or NHS Number:	
Parent/Carer's names: <i>(please indicate parental responsibility)</i>	
Home telephone number:	
Mobile number:	
Email address:	
School/college/other setting: (include address)	

Current Photo <i>(Does the parent/YP want a photograph on the plan and if so is there a particular photograph that they want or are they happy for one from school/SIMS to be used?)</i>	Health and Development <i>(including diagnosis and background)</i>
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Please write this in the first person if the CYP is clear in their views and in the third person if the CYP's views have been interpreted by an adult.

How does XXX prefer to communicate?

Child/Young person's views

Parental views

How is it best for people to communicate with XXX?

What are XXX's achievements/What do they do well?

Child/Young person's views

Parental views



What are your aspirations for XXX/what do you want for the future?

Child/Young person's views

Parental views

What is important to XXX now and in the future? *(This might include learning, training, communication, care, health, relationship, employment, independent living, housing, community, leisure, travel, inclusion etc)*

Child/Young person's views

Parental views

How best to support XXX now and in the future? *(think about: How they prefer to communicate? What help they need to make decisions? How to present information and choice. Things they are interested in)*

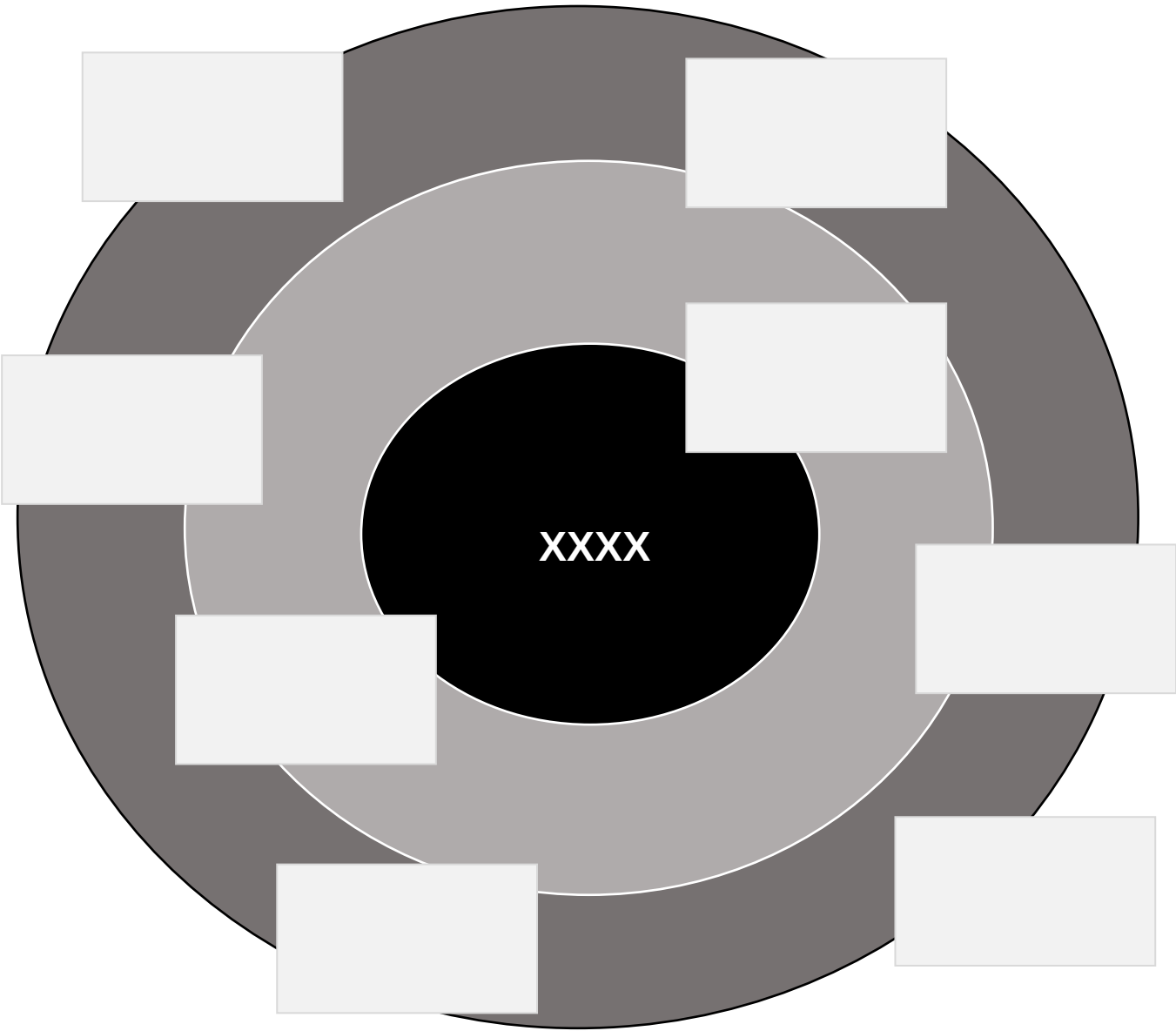
Child/Young person's views

Parental views



PEOPLE WHO SUPPORT ME

(to include a description of the role of this person and the support that they provide)
Please add as many boxes as needed





Please indicate the child/young person's MAIN area of difficulty (please tick only 1 box)

Cognition & Learning:

- ☐ Specific Learning Difficulty (SpLD)
- ☐ Moderate Learning Difficulty (MLD)
- ☐ Severe Learning Difficulty (SLD)
- ☐ Profound & Multiple learning Difficulty (PMLD)

Social, Emotional and Mental Health difficulties

- ☐ Social, emotional and mental health difficulties (SEMH)

Communication and Interaction Needs:

- ☐ Speech, Language and Communication Needs (SLCN)
- ☐ Autistic Spectrum Disorder (ASD)

Sensory and/or Physical Needs:

- ☐ Visual Impairment (VI)
- ☐ Hearing Impairment (HI)
- ☐ Multi-Sensory Impairment (MSI)
- ☐ Physical Disability (PD)

Relevant Background Information:

Education Chronology		
Date	Year Group	Setting

Home/Family Information (Max: 300 words)



Present Setting Arrangements:

*(Please give a description of the class/cohort organisation to include total number of learners, any additional adult support available, small group work activities and the number of learners at SEN Support and with EHCPs. Please also include the experience/qualifications of staff. **Include the specific support the child has received from setting resources in the section re: Provision Mapping**). Max 500 words*

SEN Support Intervention Provision Map

WHAT IS/ARE THE CHILD/YOUNG PERSON'S IDENTIFIED NEEDS:

	ASSESS	PLAN	DO			REVIEW		
	Key findings/outcomes from observations / assessments / review	Targets agreed with parents and specialist support service to address the identified needs	Intervention in place (e.g. Sounds-Write, Anger Management etc.)	Who is delivering the intervention	How often is this being delivered – please list any exceptions to this	Date of review of targets with parents and specialist support service	Progress towards target (ranking 1 – 5 as per Annual Review docs ranking)	COST to school
Cycle 1								
Cycle 2								
Cycle 3								
Cycle 4								

Identification of Special Educational Needs

For children in the Early Years Foundation Stage:

(Please be as precise as possible, giving examples/descriptors of child's functioning and being aware of the audience and so try not to use 'jargon')

For children who are working at or below 36 months please also complete the developmental profile from the Early Years Developmental Journal and attach

Personal, Social and Emotional Development:

--

Birth - 11 mths	8 – 20 mths	16 – 26 mths	22 – 36 mths	30 – 50 mths	40-60 mths

Communication and language:

--

Birth - 11 mths	8 – 20 mths	16 – 26 mths	22 – 36 mths	30 – 50 mths	40-60 mths

Physical Development:

--

Birth - 11 mths	8 – 20 mths	16 – 26 mths	22 – 36 mths	30 – 50 mths	40-60 mths

Literacy:

--

Birth - 11 mths	8 – 20 mths	16 – 26 mths	22 – 36 mths	30 – 50 mths	40 - 60 mths

Mathematical Development:

--

Birth - 11 mths	8 – 20 mths	16 – 26 mths	22 – 36 mths	30 – 50 mths	40 - 60 mths

Understanding of the World:

--

Birth - 11
mths

8 – 20 mths

16 – 26 mths

22 – 36 mths

30 – 50 mths

40-60 mths

Expressive Arts and Design:

--

Summary of Strengths including Special Interests:

--

Early Years Foundation Stage Profile (complete if appropriate – the EYFS Profile is only to be completed at the end of Reception Year):

<i>Communication, Language & Literacy</i>	Emerging	Expected	Exceeding
ELG 01: Listening and attention			
ELG 02: Understanding			
ELG 03: Speaking			
<i>Physical Development</i>			
ELG 04: Moving and handling			
ELG 05: Health and self-care			
<i>Personal, Social & Emotional Development</i>			
ELG 06: Self-confidence and self-awareness			
ELG 07: Managing feelings and behaviour			
ELG 08: Making relationships			
<i>Literacy</i>			
ELG 09: Reading			
ELG 10: Writing			

<i>Communication, Language & Literacy</i>	Emerging	Expected	Exceeding
<i>Mathematical Development</i>			
ELG 11: Numbers			
ELG 12: Shape, space and measures			
<i>Understanding of the World</i>	Emerging	Expected	Exceeding
ELG 13: People and Communities			
ELG 14: The world			
ELG 15: Technology			
<i>Expressive Arts and Design</i>			
ELG 16: Exploring and using media and materials			
ELG 17: Being imaginative			

For children in Year 1 and above

(also complete Foundation Stage Profile as appropriate)

(Please be as precise as possible, giving examples/descriptors of child/young person's functioning and being aware of the audience and so try not to use 'jargon')

Communication Skills:

(Include descriptions of expressive and receptive skills, attention, concentration and listening skills and social use of language)

Cognitive/Learning Skills:

(Include learning styles, concept acquisition, generalisation of skills and verbal/non-verbal skills)

Literacy:

(Describe the activities and the skills the learner has achieved)

Numeracy:

(Describe the activities and the skills the learner has achieved)

Other Curriculum:

Independence Skills:

(Include self help skills, organisation and levels of independence)

Social Skills/Relationships/Attitude:

(Include information relating to structured and unstructured situations, interaction with both peers and adults, social play skills)

Behaviour/Status/Self image:

(Include information relating to structured and unstructured situations, interaction with both peers and adults)

Physical State and Skills:

(Include self help skills relating to any physical difficulties, sensory and gross/fine motor skills)

--

Practical and Creative Skills:

--

Summary of Strengths including Special Interests:

--

Attainments (for children in year 1 and above):

(Please use P Levels / the engagement model, pre-key stage standards or your school's own assessment measures)

	Assessed performance	Date	Assessed performance	Date
English				
Speaking & Listening				
Reading				
Writing				
Maths				
Space				
Shape & Measure				
Number				
Using & Applying				
Science				
Cognitive Ability Tests				

Please provide a description of your school's assessment procedures (including how achievement and progress are measured)

--



Other Recent Test/Assessment results *(Include name and date and standard score or percentile if available)*

Implications for Learning

Expected Progress for the Identified Child/Young Person:

(Using baseline assessments you have for the child and information you have from an Educational Psychologist and relevant support services, please detail what progress you have expected the child to make over the past 12 months and whether they have made this progress)

Implications for Access to EYFS Curriculum / National Curriculum and Wider Setting Curriculum:

(Using the information provided above regarding the identification of special and/or additional educational need(s), please describe the implications for learning)

Outcomes to be achieved and provision required

(Please identify the outcomes that you would expect the child/young person to achieve by the end of their current Key Stage (or the end of the next Key Stage if the child/young person is within 12 months of the end of a Key Stage) and the nature of the provision - e.g. staffing time to deliver what; training; equipment; modification of teaching environment; materials etc - that you are requesting in order to achieve these outcomes).

Outcomes to be achieved over the next key stage. These should clearly relate to skills that will be required for Employment, Independent Living, Community Inclusion and Health	Provision required to achieve these outcomes

Additional Evidence:

--



Evidence of Target Setting/IEPs/IBPs/Care Plan

Please provide documentation to evidence that the child, young person and their parents have been involved in a graduated approach to meeting any identified special educational needs. This should include evidence of assessment, planning (target setting relevant to the identified need(s)) and review that has taken place over at least 2 terms. Any personalised provision maps or other individual planning should also reflect the advice given (including that from other professionals who have been consulted), the strategies used and an evaluation of progress made over a period of time.

Signed: _____

Designation: _____

Date: _____

Please email completed requests and all supporting document, for example EP report, support services report etc. to:

Email: ea.senreferrals@bolton.gov.uk

Check List

Documents required when requesting an Education, Health and Care Needs Assessment

Category 1 (Obvious unmet need)

This applies to children where there is clear evidence that they have profound and multiple learning difficulties; severe and complex learning; severe physical disabilities or a significant sensory impairment.

Cognition & Learning Needs	SLD	
	PMLD	
Sensory & Physical Needs	VI	
	HI	
	MSI*	
	PD	

*Evidence strands as for HI and VI

Essential evidence		Appended as report
Early Help Assessment Plus		
SLD	Educational setting (if attending)	
	Medical Consultant	
	EP	
PMLD	Educational Setting (if attending)	
	Medical Consultant	
	EP	
VI	Educational Setting (if attending)	
	Sensory Support Service	
	Orthoptist	
	EP	
HI	Educational Setting (if attending)	
	Sensory Support Service	
	Audiologist	
	EP	
PD	Educational Setting (if attending)	
	Medical Consultant	
	Occupational / Physiotherapist	
	Educational Psychology Report	

Category 2 (developing/emergent needs)

The majority of pupils will fall under Category 2 and evidence needs to be submitted to show a graduated response to the child's needs in line with the SEN Code of Practice.

Essential Evidence		Appended as report
Early Help Assessment		
All About Me		
Plus Cognition and Learning		
MLD	Education setting	
	Ladywood Outreach Service	
	EP	
	Other professionals involved with the C/YP	
SpLD	Education Setting	
	Specialist Teacher	
	EP	
	Other professionals involved with the C/YP	
Social, Emotional and Mental Health Difficulties		
SEMH	Educational setting	
	Behaviour Support Service	
	EP	
	Other professionals involved with the C/YP	
	SDQ scores	
Communication and Interaction Needs		
SLCN	Education setting	
	Ladywood Outreach Service	
	S & L Therapist	
	EP	
	Other professionals involved with the C/YP	
ASD	Educational setting	
	Ladywood Outreach Service	
	Medical Consultant	
	EP	
	Other professionals involved with C/YP.	

Sensory & Physical Needs		
VI	Educational setting	
	Sensory Support Service	
	Medical Consultant	
	Orthopist	
	EP	
	Other professionals involved with the C/YP	
HI	Educational setting	
	Sensory Support Service	
	Medical Consultant	
	Audiologist	
	EP	
	Other professionals involved with C/YP	
MSI	Evidence required for both VI & HI	
PD	Educational setting	
	Ladywood Outreach Service	
	Medical Consultant	
	Occupational/Physiotherapist	
	EP	
	Other professionals involved with the C/YP	

Parental/young person requests for an EHC Needs Assessment

The SEND Code of Practice is clear that parents, and young people between the ages of 16 – 25 years, have a specific right to ask the Local Authority to conduct an education, health and care needs assessment.

We would however expect that in most circumstances the setting attended by the child/young person will be working closely with the family using the graduated approach and as a result of this would be in a position to make a request for an EHC needs assessment for those children who need it. In making this request schools are able to provide evidence of the graduated approach at SEN Support which will help us make an informed decision about whether we should carry out an EHC Needs Assessment. Consequently we would only expect a parent or young person to make a request for an EHC needs assessment in a small number of specific circumstances including:

- Where there is a disagreement between a setting and the family regarding the need for an EHC needs assessment
- Where a child/young person is not attending an educational setting
- Where there has been a significant and sudden change in a child or young person's needs for example following the emergence of significant mental health needs or road traffic accident etc.

On receipt of a parental or young person request for an EHC needs assessment schools and settings will be contacted by the LA and asked to complete the EHC needs assessment referral form. There will usually be a deadline of approximately 4 weeks for the completion of this paperwork. Once this information is received, the LA will consider this, alongside other information, to determine whether or not to carry out an EHC needs assessment. When making this decision the LA will have regard to the statutory guidance detailed in the SEND Code of Practice which states that *“the local authority should consider whether there is evidence that despite the early years provider, school or post-16 institution having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child or young person, the child or young person has not made expected progress”*. The LA should pay particular attention to:

- *evidence of the child or young person's academic attainment (or developmental milestones in younger children) and rate of progress;*
- *information about the nature, extent and context of the child or young person's SEN;*
- *evidence of the action already taken by the school or other setting;*
- *evidence that where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided;*
- *evidence of the child or young person's physical, emotional and social development and health needs, drawing on relevant evidence from clinicians and other health professionals and what has been done to meet these needs by other agencies.*

(SEND Code of Practice paragraph 9.14)

A decision about whether to proceed with an EHC needs assessment will be made within 6 weeks of receiving the request. If the assessment is initiated, the same process and timescales as those followed on receipt of a school/setting request are followed from this point onwards.



Myth busters

It is not quicker if a parent makes a request for an EHC needs assessment - both parental requests and school requests are subject to the same 20 week timescales.

A parental request does not negate the need for schools/settings to provide the same level of information about a child's needs or the provision made for them. Schools and settings will be required to complete the same paperwork for both a school request and a parental/young person request.



Annual Reviews

Annual Reviews of Education, Health and Care Plans (EHC plan)

EHC plans should be used to actively monitor children and young people's progress towards their outcomes and longer term aspirations. As such children/young people with an Education, Health and Care Plan will have an Annual Review in line with the Code of Practice. The Annual Review must focus on the child and young person's progress towards achieving the outcomes specified in the EHC plan and consider whether these outcomes and supporting targets/provision remain appropriate.

At the end of each Key Stage the Annual Review should be a person centred annual review during which plans and new outcomes for the next phase of the child/young person's education will be developed. At the end of each Key Stage it is recommended that all Annual Reviews should consider the child/young person's progress in terms of their preparation for adulthood (PfA) across all 4 PfA strands (employment, independent living, participating in society/community inclusion and health). Small steps towards achieving these longer term outcomes should be considered at the end of each key stage. The Year 9 Annual Review is a key transition review with transition planning being built into this review, including effective planning for young people moving from children's to adult care and health services. It is particularly important in these reviews to seek and record the views, wishes and feelings of the child/young person. Year 9 reviews should have a particular focus on considering options and choices for the next phase of the child's education.

Annual Reviews must be undertaken in partnership with the child and their parent or the young person, and must take account of their views, wishes and feelings, including their right to request a personal budget.

The Local Authority has to respond to an Annual Review within four weeks of the review meeting and within 12 months of the date of issue of the EHC plan or the previous review. In order to meet this timeframe Annual Reviews will need to take place approximately 10 and a half months after the last Annual Review / issuing of an EHC plan.

Invites for an Annual Review must give at least 2 weeks notice. The Code of Practice states that where a child or young person attends a school or other institution the child's parents or young person, a representative from the school, a local authority SEN officer, a health service representative and a local authority social care representative must be invited to the Annual Review. Other professionals who have worked with the child or young person during the previous 12 months may also be invited. For Year 9 annual reviews representatives of post 16 institutions should be invited, particularly where the child has expressed a desire to attend a particular setting. Prior to an Annual Review schools must seek advice and information about the child or young person from all parties invited and send any information gathered to all those invited at least two weeks before the meeting. After the meeting the school must prepare and send a summary of the meeting (included in the Annual Review paperwork) to everyone invited to the meeting within two weeks of the meeting. This report must set out any amendments required to the EHC plan and should refer to any difference between the school's recommendations and those of others attending the meeting.



The Annual Review paperwork in Bolton will be added to over the duration of a Key Stage giving an overview of progress over a period of time. At the end of a Key Stage, when new outcomes have been developed, a new set of Annual Review paperwork should be started.



Guidelines for completing EHC Plan Annual Review Documentation (School Advice/Summary Form)

Sections 1 & 2 – Basic Pupil Details and Attendance Summary

This is the only way the authority has of receiving up to date information regarding change of address, name etc., as this is not passed on at any other time. Please check that these details are accurate before filling in.

It is important that details of **all those** who have parental responsibility are given on this page.

Attendance figures are important as the authority needs to consider the provision it makes through an EHC Plan in light of poor attendance of a pupil. The authority may well suspend the provision for a pupil who is not attending until more regular attendance is achieved. Therefore actual figures are crucial rather than descriptive terms such as good, poor, etc.

Section 3 - Description of the pupil's place in school in relation to class groupings, sets, etc.

Please give a description of the class/cohort organisation. A separate entry for each year group within a Key Stage should be completed in the table provided. This should include information such as:

- The total number of learners in the child/young person's class
- Staffing levels (including information such as the total number of pupils at SEN Support/with an EHC Plan in the class and the amount of TA/SNA support in place or any other additional adult support available, for example incidental TA support)
- Small group work opportunities
- Where the child/young person is taught (for example in class with same aged peers, in class but with younger/older peers, withdrawn and taught 1:1 in a quiet, low stimulus environment etc).
- If learners are ability grouped the group that the child/young person is placed in, and the size of that group, for different subjects should be recorded.

Please do not list specific support put into place to meet the needs of the individual – this will be recorded in section 5.

Section 4 – Academic attainment

Please complete one section per year, detailing the most up to date school assessment data and test results. Over the course of a Key Stage this section will build up in order to provide an overview of progress over time.

We recognise that each school will use a different method for assessing pupil progress. As such please complete the box at the bottom of this section in order to provide a brief description of the assessment system used within your school. This will ensure that the data provided can be interpreted correctly by the LA. This box will only need to be completed once at the start of the Key Stage.

Section 5 – Provision map

This provision map should be completed to reflect the additional to, and different from, provision received by the child/young person over the last 12 months. This provision map should detail the additional provision made by school (element 2 funding - £6000) as well as that provided from the high needs top up funding detailed in the EHC Plan (element 3/high needs funding).



Desired outcome of provision/intervention

These should be based on the outcomes/targets listed in the EHC Plan/last Annual Review documentation and should all be linked to the child/young person's aspirations and any preparation for adulthood outcomes.

Intervention in place

This should detail the *intervention* in place to help the child/young person achieve the outcomes identified. This should not be 'additional adult support/1:1 support' but should reflect the strategies being used by that person. For example interventions may include; the pre teaching of vocabulary, timers to encourage attention to task, visual timetables, now-next boards, a personalised reward system, sounds-write, an anger management programme, a working memory programme, modelling conflict resolution strategies at playtime/lunchtime etc.

Additional support in place

This should detail the type of support in place to deliver the intervention specified. This may include TA2 support, HLTA support, class teacher support, Learning Mentor support, SMSA support etc. Sometimes the additional support in place may not be in the form of a person but may be a piece of equipment for example voice activated software or a radio aid etc.

Specialist involvement

As those children/young people with an EHC Plan will have the most significant and complex needs, it is expected that the involvement of specialists (Ladywood Outreach, Sensory Support, Behaviour Support, Educational Psychologists etc) in assessment, providing advice and planning interventions will remain in place on an ongoing basis. As such in this column you should detail the findings of any outside agency assessments/consultations and the advice resulting from these. There should be a clear link between the involvement/advice of the specialist support service and the interventions/support in place.

How often is this being delivered

This column should detail how often each intervention is delivered for example 30 minutes each morning, 3x10 minutes per day etc. It is also important to note any exceptions to this, for example periods of illness or extended holidays as this will provide contextual information when considering the outcomes of the support being provided.

Impact of intervention

Please detail here the outcomes of the interventions being delivered, for example have they been achieved, part achieved or not achieved. If they have not been achieved, it should be considered whether the outcome is achievable and needs to be carried over to the next term or whether it needs to be reviewed/broken down further to help the child/young person to achieve it.

Cost

All interventions should be costed so that it is evident how the element 2 and element 3 funding is being used to support the child/young person in achieving their outcomes and aspirations.

Section 6 – Achievements

In order to ensure that the review remains person centred and uses person centred planning principles, please list the key achievements of the child/young person over the past 12 months. This may include academic achievements, achievements during extra curricular activities, personal achievements for example being nominated/voted a school council representative or participating in a school assembly etc and achievements at home or in the community for example developing independence skills, helping a neighbour or taking responsibility for tasks at home etc.

Section 7 – Progress towards long term aspirations and key stage outcomes

At the start of each key stage this section will need to be populated from the EHC Plan. Once populated, each year it will be added to giving a cumulative overview of progress towards the key stage outcomes listed in the child/young person's EHC Plan.

Each aspiration and the various outcomes linked to the aspiration should be considered, with information describing in detail; what progress the child/young person has made towards achieving the outcome and any skills that still need to be developed in order to achieve the outcome by the end of the key stage. ***Following this, a ranking score will need to be inputted into the designated column to give a quantifiable indication of progress made.***

0	Never
1	1-20% Rarely
2	21-40% Sometimes
3	41-60% Frequently
4	61-80% Most of the Time
5	81-100% Always

For the final column please detail new proposed 12 month targets to be discussed at the annual review; these will be based on the identified areas to improve and difficulties.

Section 8 – Preparing for Adulthood

This section only has to be completed from Year 7 onwards (however we would encourage all primary schools to also discuss this at the end of each key stage in order to ensure that we are beginning to prepare children for adulthood from the earliest possible opportunity).

The key purpose of this section is to ensure that the young person is well prepared for their transition into adulthood. As such each of the four areas; employment, independent living, community participation and Health need to be discussed and actions identified to address those issues that are pertinent to the child/young person and their family. This may include identifying what courses/apprenticeships/supported internships are available in the local area that are appropriate to the young person's interests or identifying what skills the young person needs to develop in order to live independently or gain employment, for example time keeping skills, the ability to travel independently, the ability to dress appropriately for different situations etc. This information can then be included in the young person's EHC Plan to ensure that these skills are prioritised during the next Key Stage of the young person's education. For more information relating to Preparing for Adulthood, please refer to: <https://www.preparingforadulthood.org.uk/>.

Section 9 – Other comments

This section can be used to provide any other information that you feel would be useful for the LA to be aware of.



Meeting Summary / Change of Key Stage Meeting Summary

In order to try and reduce the repetition of information, the Annual Review summary has been incorporated into the Annual Review form. One section should be completed for each year of the Key Stage. It should detail the discussion held and incorporate the views of others. The key parts of this section are:

- The identification of any new outcomes for the Key Stage that are not already listed in the EHC Plan
- The identification of targets for the next 12 months to meet the outcomes listed in the EHC Plan/any new outcomes identified.

Any new targets should be SMART; ***Specific, Measurable, Achievable, Realistic, and Time-limited***. For example:

- During the next 12 months John will learn to spell 10 keywords in Science, History, Geography, Technology and Maths.
- In the next twelve months Mary will learn to follow the beginning and end of day school routines.
- To achieve a reading age of 8.6 years in reading by June 2021.

The Change of Key Stage Summary should be used for reviews in Years 2, 6, 9, 11 and 14.

Education, Health and Care Plan Key Stage Annual Review Documentation (School Advice & Summary)

1. Basic Pupil Details

Date of meeting:	
School:	
Name of pupil:	UPN:
Date of Birth:	Gender:
Pupil Address:	
Parent/Carer Name	
Address (if different)	
Is the Pupil LAC?	Y/N
If yes, name of Social Worker	
Care Authority	
Contact Details	
Date of admission	

2. Attendance Summary

	<i>Insert Year group</i>	<i>Insert Year group</i>	<i>Insert Year group</i>	<i>Insert Year group</i>
% Attendance				
Exclusions <i>Please provide details of exclusions and any emerging patterns</i>				

3. Description of Pupil's Place in School

(Please give a description of the class/cohort organisation to include total number of learners, any additional adult support available, small group work, where the learner is taught (in class, withdrawal etc). **Include the specific support the child has received from setting resources in section 5).**

PRE-ENTRY	
<i>Insert year group</i>	
Insert year group	
Insert year group	

4. Academic Attainment – please DO NOT use vague descriptors such as “working below”

	<i>Insert year group</i>			<i>Insert year group</i>		
Subject	Baseline	Current	Progress y/n	End of previous year	Current	Progress y/n
Reading						
Writing						
Maths						
Science						
<i>Please list any other relevant subjects</i>						
Other Scores						
Reading Accuracy						
Reading Comp						
Spelling						
Numeracy						



Please provide an interpretation of the academic attainments reported in Section 4 (including how progress is measured)

5. Provision Map

Please indicate what interventions/strategies have been used to support the child/young person during each term **with costs**. This should include element 2 and 3 costs and may include any additional staffing, specific equipment, teaching materials/methods and resources used.

Please note that Special Schools are also required to provide details of provision, however they are not required to evidence costings.

Date	Desired outcome of the intervention/provision	Intervention in place (eg Sounds-Write, Anger Management etc)	Additional support in place	Specialist involvement	How often is this being delivered – please list any exceptions to this eg periods of illness, extended holidays etc	Impact of intervention	COST to school if applicable
Term 1							
Term 2							
Term 3							

6. Achievements

(Please list the key achievements of the child over the last 12 months)

	Key Achievements
PRE-ENTRY	
Insert year group	
Insert year group	
Insert year group	

7. Progress Towards Long Term Aspirations and Key Stage Outcomes

0	Never
1	1-20% Rarely
2	21-40% Sometimes
3	41-60% Frequently
4	61-80% Most of the Time
5	81-100% Always

The ranking system is an important part of the annual review process. This allows Officers to more effectively quantify an individual Child's/Young Person's progress and subsequently support the process of reporting this information to the Department for Education.

DESIRED LONG TERM ASPIRATION					
Key Stage Outcome	Year	Achievements/Strengths/Progress towards outcome	Areas to improve/Difficulties	Achieved? Rank progress (0-5, enter 1 number only)	Proposed 12 month Target to discuss at Annual Review
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				

	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				

DESIRED LONG TERM ASPIRATION					
Key Stage Outcome	Year	Achievements/Strengths/Progress towards outcome	Areas to improve/Difficulties	<i>Achieved? Rank progress (0-5, enter 1 number only)</i>	<i>Proposed 12 month Target to discuss at Annual Review</i>
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				

	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				

DESIRED LONG TERM ASPIRATION					
Key Stage Outcome	Year	Achievements/Strengths/Progress towards outcome	Areas to improve/Difficulties	Achieved? Rank progress (0-5, enter 1 number only)	Proposed 12 month Target to discuss at Annual Review
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				

	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				

DESIRED LONG TERM ASPIRATION					
Key Stage Outcome	Year	Achievements/Strengths/Progress towards outcome	Areas to improve/Difficulties	<i>Achieved? Rank progress (0-5, enter 1 number only)</i>	<i>Proposed 12 month Target to discuss at Annual Review</i>
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				
	Insert year group				

	Insert year group				
	Insert year group				
	Insert year group				

8. Preparing for Adulthood

(This section **must** be completed from Year 7 onwards but it is recommended that it is also completed at the end of each key stage at primary school too)

Employment

Desired Outcome	Actions to achieve outcome	By Whom	By When

Independent Living

Desired Outcome	Actions to achieve outcome	By Whom	By When

Community Participation

Desired Outcome	Actions to achieve outcome	By Whom	By When

Health

Desired Outcome	Actions to achieve outcome	By Whom	By When

9. Other comments

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Signatures

	Print Name	Signature	Date
<i>Insert year group</i>			
<i>Insert year group</i>			
<i>Insert year group</i>			
<i>Insert year group</i>			

10. Annual Review Meeting Summary

Year group:

Date of Meeting			
School			
Name of pupil			
Attendees	Attendee Name and Organisation	Advice provided	
		Yes	No
Apologies (if parent or child please give reason)			
Summary of Meeting Discussion <i>Please initial individual contributions</i>	Achievements		
	What is important now and in the future?		
	What support is needed to help meet outcomes?		
	What aspirations does the child/YP have?		
	Other Comments		
New in Key Stage Outcomes as required:			

Agreed Targets for the next 12 months to meet current/new outcomes.	Cognition and Learning / Employment	
	Communication and Interaction/ Independent Living	
	Social, Emotional and Mental Health / Community Inclusion	
	Sensory, physical and medical/ Health	
Action plan	Action and by whom	By When?
Why should this EHC Plan not cease	Please detail reasons	
Please indicate the name of anyone who does not agree with the recommendations of this report, stating the reasons.		

Signed: _____

11. End of Key Stage Meeting Summary

Year group:

Date of Meeting			
School			
Name of pupil			
Attendees	Attendee Name and Organisation	Advice provided	
		Yes	No
Apologies (if parent or child please give reason)			
Summary of Meeting Discussion Please initial individual contributions	Achievements		
	What is important now and in the future?		
	What support is needed to help meet outcomes?		
	What aspirations does the child/YP have?		
	Other Comments		

New Key Stage Outcomes: (From Year 6 onwards please use the Preparing for Adulthood headings of Employment Community Inclusion, Health and Independent Living)	Suggested outcomes to be achieved over the next key stage	
	Cognition and Learning/Employment	<i>(E.g.: XXX will be able to decode c-v-c words when reading through the application of their phonic knowledge or XXX will be able to talk about different careers or XXX will be able to follow instructions)</i>
	Communication and Interaction/Community Inclusion	<i>(E.g.: XXX will be able to speak using simple sentences containing a subject, verb and noun or XXX will be able to make friends or XXX will be able to make and communicate their own decisions)</i>
	Social, Emotional and Mental Health/Community Inclusion	<i>(E.g.: XXX will be able to recognise signs to increasing levels of anger/anxiety and consistently apply at least 2 taught strategies in order to manage these emotions or XXX will understand how to stay safe on and off line or XXX will make decisions about how to spend their free time)</i>
	Sensory and/or Physical Needs/Health & Independent Living	<i>(E.g.: XXX will be able to dress and undress independently, including managing fastenings, or XXX will be able to travel independently or XXX will articulate pain and health problems)</i>

Agreed Targets for the next 12 months to meet current/new outcomes.	Cognition and Learning / Employment	
	Communication and Interaction/ Community Inclusion	
	Social, Emotional and Mental Health / Community Inclusion	
	Sensory, physical and medical/ Health & Independent Living	
Action plan	Action and by whom	By When?
Why should this EHC Plan not cease	Please detail reasons	
Please indicate the name of anyone who does not agree with the recommendations of this report, stating the reasons.		

EHC Plan Annual Review: Parental Advice Form

Name of Pupil: _____ Date of Birth: _____

School: _____

1. In what ways has your child made progress towards achieving the outcomes identified in their EHC plan during the past year?

2. Does anything still concern you about your child (in school, at home, in the community or relating to their health)?

3. What improvements/outcomes would you like your child to make/achieve during the next year (in school, at home, in the community and/or in relation to their health)?

4. In what ways do you think that your child could be helped more (in school, at home, in the community or in relation to their health)?

5. Any other comments

I will be able to attend the review meeting

☐

I will not be able to attend the review meeting

☐

Signed: _____ (Parent/Carer)

Date: _____

EHC Plan Annual Review: Pupil Advice Form

This information should be provided in the child/young person's preferred format e.g. a powerpoint presentation, a collage of photographs, writing , the use of symbols, mind maps, drawings etc. Where possible, the following information should be provided

Name: _____

School: _____

My aspirations for the future are:

These things are important to me now:

My achievements over the past 12 months include:

I have found the following useful:

I would like to make more progress in:

I would like school/college to help me by

Signed: _____

Date: _____

EHC Plan Annual Review Advice Form: Support Services, Other Agencies

Name of Pupil: _____ Date of Birth: _____

School: _____

Name of Contributor: _____

Designation _____

Please return by: _____ (Date)

Please address the following points in your advice wherever appropriate.

1. Progress towards outcomes identified in the EHC Plan during the past year. Include the dates and scores of any relevant assessments you have made.

2. The suitability of the provision and placement. Comment on the success of strategies and resources used.

3. Any new key stage outcomes proposed.

4. Short-term targets for the next year.

5. Proposed strategies/interventions/programmes to enable the targets to be achieved.

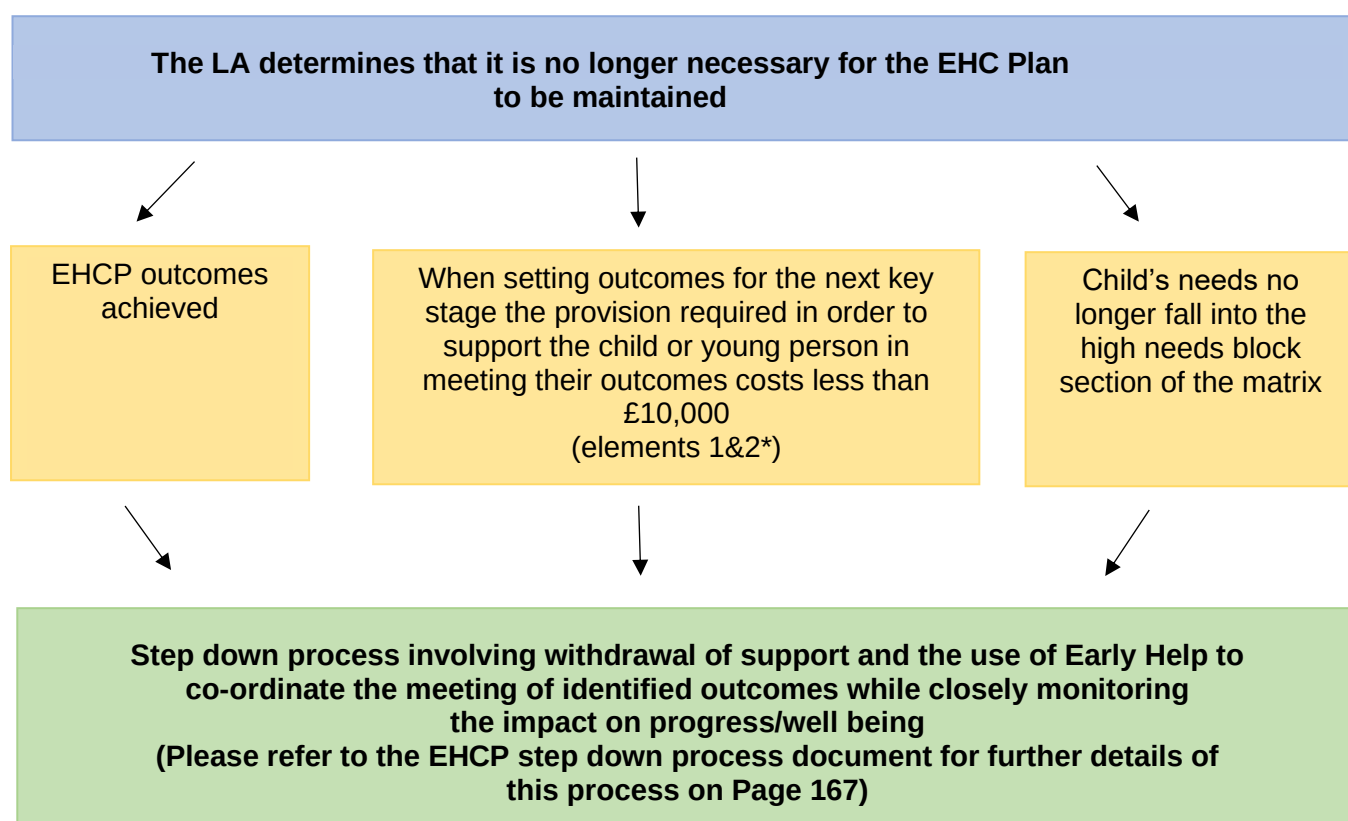
6. The appropriateness of the EHC Plan.

7. Any other comments.

Signed: _____ Date: _____

Criteria for Ceasing an Education, Health and Care Plan (EHCP)

- **The LA is no longer being responsible for the child or young person's education i.e.**
 - A young person aged 16 or over leaves education to take up paid employment (including employment with training, but excluding apprenticeships, traineeships and supported internships)
 - The young person enters higher education (i.e. begins a University/degree level course) as then they will receive support via the Disabled Students Allowance (DSA).
 - A young person aged 16 or over leaves education and no longer wishes to engage in further learning. (Appropriate services such as Connexions and the Information Advisory Service will support young people in their decision making but unless a young person is deemed to lack the capacity to make this decision under the Mental Capacity Act (2005), their view/decision will take precedence over that of their parents. The Code of Practice states that parents can only continue to act on a young person's behalf after compulsory school age if the young person is happy for them to do so, see paragraph 8.15 of the Code)
 - A young person expresses a wish for their EHCP to be ceased
 - The young person reaches the end of the academic year in which they turn 25 (or the day the apprenticeship or course ends, or the day before their 26th birthday if later). For example if a young person turned 25 in February and their course/apprenticeship continued until July, the EHCP would be maintained until the last day of their course in July. If, however a young person started a college course/apprenticeship in September and turned 26 on 10th November that year, their EHCP would be ceased on 9th November (i.e. the day before their 26th birthday).
- **The LA determines that it is no longer necessary for the EHC plan to be maintained**





It is anticipated that most young people will not require an Education, Health and Care Plan beyond the age of 19 as they will have been successfully prepared for the transition to adulthood prior to this point. This decision will be reached by considering Annual Review documentation and progress towards the outcomes identified in the EHCP. However, it is also recognised that for some young people, it will be necessary to maintain an EHCP beyond this point and this decision will be made on a case by case basis. In this situation consideration will be given to a range of factors.

An EHCP, for a young person aged 19 and over, may be maintained if it is considered that:

- The young person expresses a preference to remain in education or training
and
- The purpose of the young person remaining in education or training demonstrates clear progression and will enable to the young person to achieve an identified outcome/aspiration within a given time frame
and
- The young person requires element 3 funding in order to access an ESFA funded provision as a result of their identified SEND.

For example if a young person had experienced significant mental health/physical health difficulties that had prevented them from accessing Key Stage 4 and/or tertiary education, and they wished to complete their education then the LA may maintain an EHCP in this circumstance to enable the young person to complete that phase of their education and achieve the identified qualification.

An EHCP, for a young person aged 19 and over, may be ceased if it is considered that:

- The young person expresses a preference to not remain in education or training
- The young person has completed the tertiary phase of their education (i.e. the 16-19 phase of education). As outlined above, it is recognised that some young people will require longer to complete the tertiary phase of their education, however, once a young person has completed this, no further learning is likely to be supported by an EHCP. For example if a young person gained a Level 2 or Level 3 qualification in Hairdressing, funding via an EHCP would not support the same young person to then complete a Level 1 course in Construction.
- The young person is ready to move into adulthood/progress to the next phase of their life i.e. they have achieved the outcomes identified in their EHCP and/or completed their post 16 education and/or training and have a plan in place for this transition.
- The purpose of the young person remaining in education is purely for the maintenance of skills as the way in which skills will be maintained in the longer term (e.g. post 19 or post 25 years) will not be reliant on educational provision. Therefore this is unlikely to be considered as a valid reason for maintaining an EHCP (similarly, young people without SEND who complete a college/university course but can not find employment will not continue to be supported by a college/university/local authority in order to keep their knowledge and skills up to date). How skills will be maintained in the long term needs to be planned for from an early stage through the review process.
- The main purpose of maintaining the EHCP is for the young person to learn independent living skills. In most circumstances these skills are best developed in real life situations rather than in a classroom situation.



NB: If a child or young person with an EHCP moves to another local authority area the EHCP will be transferred to the new local authority in order for them to maintain the plan.

***GLOSSARY:**

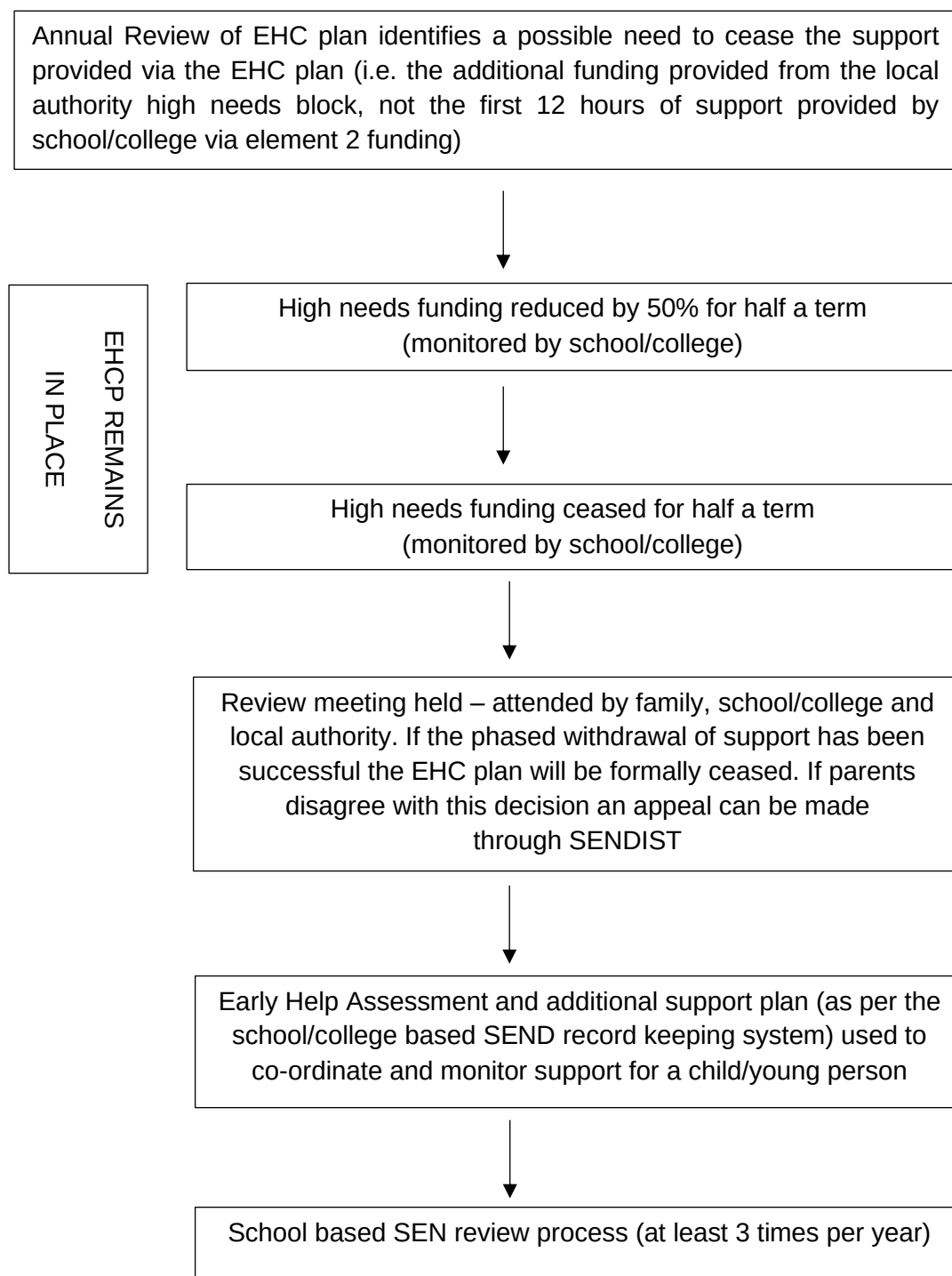
Element 1 funding: In mainstream schools and colleges, all students bring a basic funding entitlement. In schools this is called the Age Weighted Pupil Unit (AWPU) and applies whether or not the pupil has special needs. In colleges this is the mainstream per-student funding calculated by the national funding system. This funding pays for an element of the teacher, an element of the premises etc. This totals approximately £4000 per pupil per year.

Element 2 funding: All mainstream schools and colleges are delegated funding to make further provision of up to £6000 per pupil with SEN. This is in addition to element 1.

Element 3/High Needs Funding. SEN costs above the first £10,000 (elements 1 and 2) are met from top up funding from the Local Authority. The top up funding is to meet the assessed need of a pupil and is in addition to elements 1 and 2.

ESFA: Education Funding Agency. The ESFA is a single agency accountable for funding education and skills for children, young people and adults.

EHC Plan Step Down Process



Ceasing Education, Health and Care Plans: Frequently Asked Questions?

Is it correct that once the EHCP has ceased it cannot be reinstated?

No, if an EHCP had been ceased, a new referral could be made to the local authority. In this situation, the local authority would consider the information available to them and make a decision as to whether to initiate an Education, Health and Care Needs Assessment. If following this assessment, it was felt that an EHC plan was required, another plan would be issued.

Is there an 'appeal' mechanism relating to the ceasing of an EHCP?

Any issues relating to a local authority decision to cease an EHC plan can be appealed to SENDIST.

What would happen if a young person decided to opt out of education and then had a change of mind several months on?

An EHC plan would be maintained by the local authority until the 1st September following the end of an academic year. As such, if at the end of an academic year the young person decided that they were going to leave education, but then changed their mind before the 1st September the plan would simply be amended to reflect their destination. If a young person changed their mind within a term of leaving (e.g. before Christmas of the calendar year in which they left education) then the local authority would consider each case based on individual merit and may decide to reinstate the old EHC plan (although this can not be guaranteed). If the young person changed their mind after a full term, then the college/setting would need to make a new request for an Education, Health and Care Needs Assessment.

If the education aspect of a plan is withdrawn, who will support with any ongoing health and social care issues and what will the mechanism be for ensuring that young people receive ongoing support?

An EHC plan is an educationally driven document. Therefore, if a young person is no longer in education or training, or it is deemed through the review process that they no longer require additional support for their education through an EHC plan, the plan will be ceased. If a young person continues to have ongoing health and/or social care needs these would be met through adult Health and Social Care services as deemed appropriate by these services. This will also be the case for young people over the age of 25 who have ongoing Health and Social Care needs.

If a student is enrolled on a part time course that does not justify additional funding from the high needs block but they then swap to a full time course and so would require additional funding from the high needs block will that young person have to go through the whole assessment process again?

As a young person on a course that does not require additional funding from the high needs block would not have an EHC plan, then a new request for an Education, Health and Care Needs Assessment would need to be made.

If a young person is placed at in an out of borough placement on a 3 year course is the funding reviewed annually or is continuity for the young person and family ensured?

If a young person was placed in an out of borough placement on a three year course then the funding would be agreed for the 3 years of the course in advance. The young person would still need to have a review of the EHC plan on an annual basis to consider their progress and targets for the next year. However, if a young person was on a one year course in an out of borough placement, this funding would be reviewed on an annual basis.



Who has the final decision if a young person decides to withdraw/not participate against the knowledge/wishes of parents? For example if they choose not to attend a medical appointment as a letter has been sent directly to the young person and the parent was unaware?

In most circumstances lines of communication will be agreed between the young person, their parents and the professionals working with them and it may be that initially it is agreed that letters will be sent to both parents and the young person in order to begin preparing them to become independent. Unless a young person is deemed to lack the capacity to make decisions/receive information under the Mental Capacity Act (2005), their view/decision will take precedence over that of their parents. The Code of Practice states that parents can only continue to act on a young person's behalf after compulsory school age if the young person is happy for them to do so, (see paragraph 8.15 of the Code). Under the Mental Capacity Act 2005 a person is deemed as having capacity if they are able to make a decision at the time it needs to be made. A person is able to make a decision for themselves if they are able to:

- (a) understand the information relevant to the decision,
- (b) retain that information,
- (c) use or weigh that information as part of the process of making the decision,
- (d) to communicate their decision (whether by talking, using sign language or any other means),

Where there are issues with young people having the capacity to make decisions, we would try, wherever possible, to offer the support necessary to enable them to make the decision.

Why has 16 been selected as the cut-off point when the raising of the participation age is 18 years?

Central government, through the Children and Families Act 2014, have determined that after compulsory school age the right to make requests and decisions apply to the young person directly, rather than to their parents. It is anticipated that in most circumstances families will continue to be closely involved in the decision making process. This is now a legal framework within which everyone needs to work and, stresses the importance of preparing young people for adulthood, including encouraging them to become increasingly involved in making decisions about their own future from a relatively early stage so that young people are well equipped to take on this role.

SEND Panel Information

Early Years Inclusion Fund Panel

This panel meets termly to consider referrals for Early Years Inclusion Funding. The panel consists of a range of professionals including representatives from Start Well, Ladywood Outreach, Health Visiting and Educational Psychology. All requests are considered against the Pre School Matrix of Developmental Needs (available on the Start Well website). Each request is considered by 2 panel members independently before panel and then moderated at panel so that a level of funding is agreed along with a training offer. Following panel the Start Well Service will contact the referrer to share the outcome of the application.

Early Years High Needs Base Panel

This panel meets termly to consider referrals for the Early Years High Needs Base Places. The panel consists of a range of professionals including representatives from Start Well, a representative(s) from each High Needs Base, the Early Years High Needs Base Co-ordinator, Health representatives and Educational Psychology. All requests are considered against the Early years SEND Base criteria (available on the Start Well website). Each request is considered by each panel member independently before panel, discussed at panel and an agreement reached. Following panel the Early Years High Needs Base Co-ordinator will contact the referrer and parents to share the outcome of the application.

Special School Panels

Admissions to Special Schools are determined via special school panels, which are held as part of the legal consultation process that the LA must carry out before naming a school on a child or young person's EHCP.

Requests for a change of placement from a mainstream school to a special school should be made through the Annual Review process and will only be considered when parents are in agreement with this course of action. However, it should be noted that parents expressing a preference for a special school place does not mean that such a place will be allocated.

Panels are held either termly or annually depending on capacity. If there is no capacity within a given special school for any In-Year transfers then no panel meetings will be held throughout the year but will be held in the Summer term for admission the following September.

There are specific panels for Nursery to Reception and Y6 to Y7 transfers which are held in the Spring/Summer Term and Autumn Term of the academic year prior to transfer respectively.

Greenfold Special School and Ladywood Special School have a joint panel as do Rumworth and Firwood Special Schools. The panels consist of the Head teachers of each of the special schools, SEND Officers, a representative from the Educational Psychology service and representatives from other support services as deemed appropriate.

The EHCP and Annual Review documentation, along with any other relevant information, is circulated to all panel members prior to the panel meeting, discussed at panel and an agreement reached. Decisions are based on the special school criteria contained within this handbook. Following the panel the SEND Assessment Service will contact parents and the mainstream school with the outcome of the panel.

Resourced Provision Panels

Admissions to Resourced Provisions are determined via panels, which are held as part of the legal consultation process that the LA must carry out before naming a school on a child or young person's EHCP.

Requests for a change of placement from a mainstream school to a Resourced Provision should be made through the Annual Review process and will only be considered when parents are in agreement with this course of action. However, it should be noted that parents expressing a preference for a Resourced Provision place does not mean that such a place will be allocated.

Panels are held either termly or annually depending on capacity. If there is no capacity within a given Resourced Provision for any In-Year transfers then no panel meetings will be held throughout the year but will be held in the Summer term for admission the following September.

There are specific panels for Y6 to Y7 transfers which are held in the Autumn Term of the academic year prior to transfer.

The primary ASD Resourced Provision panels are held as a joint panel as are the secondary ASD Resourced Provision panels.

The panels consist of a representative(s) from each Resourced Provision, SEND Officers, a representative from the Educational Psychology Service and from the Ladywood Outreach Service. For the SLCN Resourced Provision a representative from the Speech and Language Therapy Service also attends.

The EHCP and Annual Review documentation, along with any other relevant information, is circulated to all panel members prior to the panel meeting, discussed at panel and an agreement reached. Decisions are based on the Resourced Provision criteria contained within this handbook. Following the panel the SEND Assessment Service will contact parents and the mainstream school with the outcome of the panel.

Schools SEN Panel

Schools SEN Panel meet on a monthly basis. The panel is chaired by the Assistant Director (Inclusive Education and Learning) and consists of 2 primary Headteachers, a secondary Headteacher, a special school Headteacher, the Head of SEND, the Manager and Assistant Manager of SENDAS and the Head of the Virtual School. The role of the panel is to:

- Consider/Moderate referrals made to Bolton LA for additional funding from the High Needs Block.
- Moderation/QA of EHCPs
- Maintain a strategic overview of Out of Borough School placements (who, why, costs, trends etc).
- Strategic overview of Out of Borough School attendance, provisions and value for money.
- Maintain a strategic overview of the High Needs Block spend (and link with Formula Review).
- Advise on the strategic direction of SEN as related to educational settings 0-25 years.
- Consider the needs of pupils in Bolton and ensure that training and provision meets the needs of all children and young people in Bolton and the staff working with them.
- To provide an opportunity to reflect on the strategic direction of SEND in Bolton and shape this.
- Provide strategic challenge on SEND in Bolton.
- To provide a clear, transparent and coherent system in Bolton

Admission Criteria for Bolton Special Schools and Resourced Provisions

Greenfold – Primary SLD/PMLD School

- Child will have an EHCP that identifies severe or profound learning difficulties
- In addition to severe/profound learning needs the child is also likely to have other additional needs such as physical needs, sensory impairment, ASD and/or a severe medical condition.
- Have general cognitive abilities in the below 50 range
- Will be achieving at a level 60% or more below expected level in most areas of development
- Are likely to need to be assessed using the Engagement Model (achieve at P levels) for most of their school career
- Have learning needs that would best be met through a significantly adapted national curriculum with a focus in self-help, independence, social and communication skills.
- Will require a high level of support for their learning needs and/or personal care and will benefit from a high staff to pupil ratio

Ladywood – Primary MLD with Complex Needs School

- Child will have an EHCP which identified cognition and learning as their primary need
- In addition to their primary learning need, the child is also likely to have associated speech and language delay/disorder, low levels of concentration, underdeveloped social skills and low self-esteem
- The child will also have a complexity of need which may include additional difficulties in the areas of; sensory impairment, physical needs, ASD or medical needs
- Will have general cognitive abilities that fall in the 50-70 range (i.e. moderate learning difficulties)
- Will be achieving at a level 55% below the expected level in most areas of development
- By Year 6 are likely to be achieving at the Year 2 level/Pre Key Stage Standard 2-6, as identified in the following table:

Year Group	Attainment Level
Reception	16-26 months
Year 1	22-36 months/P4/Pre Key Stage Standard 1-2
Year 2	30-50 months/P4/ Pre Key Stage Standard 1-3
Year 3	40-60 months/ Pre Key Stage Standard 2-4
Year 4	Pre Key Stage Standard 2-5/Year 1 emerging/developing
Year 5	Pre Key Stage Standard 2-6/Year 1 secure-Year 2 emerging
Year 6	Pre Key Stage Standard 2-6/Year 2 expectations

- Have learning needs that would not be able to be met without significant differentiation.
- Are likely to require a higher staffing ratio.

Firwood – Secondary SLD/PMLD School

- Child will have an EHCP that identifies severe or profound learning difficulties
- In addition to severe/profound learning needs the child is also likely to have other additional needs such as physical needs, sensory impairment, ASD and/or a severe medical condition.
- Have general cognitive abilities in the below 50 range

- Will be achieving at a level 60% or more below expected level in most areas of development
- Be assessed using the Engagement Model for much of their school career
- The child's learning needs would be met through the delivery of a developmental curriculum.
- The child will require teaching of self-help, independence and social skills through a life skills curriculum.
- The pupils will require a high level of support for their learning needs; some will also need a high level of support for their personal care.

Rumworth – Secondary MLD and Complex Needs School

- Child will have an EHCP which identified cognition and learning as their primary need
- The child will be working at a level significantly below expected levels in core curriculum subjects, despite appropriate interventions, and as identified in the following table:

Year Group	Proposed: Attainment level
7	Up to Year 2 emerging
8	Up to Year 2 developing
9	Up to year 2 secure
10	Up to Year 3 emerging/below level 1 GCSE
11	Up to Year 3 developing/below Grade 1 GCSE
12&13	At or below GCSE Grade 1

- Pupil's learning needs will not be able to be met by differentiation and the flexibilities of the National Curriculum
- The pupil's are likely to have associated speech and language delay/disorder, low levels of concentration, underdeveloped social skills and low self-esteem
- There is likely to be a complexity of need which may include additional difficulties in the areas of; sensory impairment, physical needs, ASD or medical needs
- The pupil's general cognitive ability will normally fall in the 50-70 range (i.e. moderate learning difficulties)

Rumworth - Post 16 provision

- The pupil's general cognitive ability will normally fall in the 50-70 range (i.e. moderate learning difficulties)
- The pupil will be working in core curriculum subjects at or below GCSE Grade 1
- The pupil will require a vocational based curriculum with an emphasis in life skills and independent living skills.
- The pupil will experience difficulties in the area of social skills and may demonstrate some inappropriate social behaviours. There is likely to be a poor understanding of the world around them and difficulties in making and maintaining relationships with other pupils, These difficulties would make them vulnerable in a larger Post 16 educational setting.

Lever Park – Secondary SEMH School

- The pupil would be resident in Bolton and have an EHCP
- The pupil would be a Year 6 pupil for consideration for a secondary placement or a Key Stage 3 pupil or, in exceptional circumstances a Year 10 pupil (this would normally be when a pupil moves into Bolton who has been attending a special school for pupils with SEMH prior to the move)

- Have social, emotional and mental health difficulties as identified through assessment as their primary difficulty that are unable to be met in a mainstream school. (Children who are achieving at a Year 2 level and below and who achieve standard scores <70 on the WIAT/other standardised attainment test will also be considered at a joint panel with Rumworth School)
- Have identified needs that can be met in the context of the existing level of staffing expertise and pupil numbers at Lever Park
- If the pupil is in the care of the LA, they will have a coherent Care Plan and PEP, which includes the role to be fulfilled by Lever Park

Thomasson Memorial – Hearing Impaired Special School

- Pupils will be 2-16 years of age
- Pupils will have a diagnosed hearing loss as their main need and will benefit from
 - Teaching in small groups using the oral/aural approach with individual withdrawal/support
 - Teaching in small groups using a total communication approach ie Sign Supported English with individual withdrawal/support
 - Integration with mainstream pupils at local primary/secondary (Sharples) school whenever appropriate
- Thomasson will be the appropriate placement for the pupil as determined by the Head teacher, an Educational Psychologist and a Local authority SEN Officer.

Primary ASD Resource Provision

1. The pupil will be of primary age, (currently Year 1 to Year 6) and a resident in Bolton.
2. The pupil will have an EHCP, reflecting needs associated with an autistic spectrum disorder, which has been diagnosed through a multi-professional diagnostic process.
3. The pupil will be able to access a mainstream curriculum, both social and academic but will need additional support (delivered within the Resource Base or the mainstream of the school) for development of the following areas:
 - Language and communication
 - Conversational skills
 - Social skills
 - Thinking and learning
 - Behaviour
 - Sensory/motor.
4. The pupil's overall cognitive skills will fall within the borderline (70>) range or above.
5. The pupil's behaviour presentations will be associated with lack of skills in social interaction, social communication and the ability to think flexibly and will be responsive to autism specific intervention.
6. Other than in exceptional circumstances the pupil will have had the opportunity to access and be successful in local mainstream primary provision before being considered for the Resourced Provision.

Secondary ASD Resourced Provision

- The pupil will be of secondary age
- The pupil will have an EHCP reflecting needs associated with an Autistic Spectrum Disorder. The Autistic Spectrum Disorder will be their primary presenting need
- The pupil will be able to access a mainstream curriculum, both socially and academically, but will need additional support (delivered within the resourced provision or the mainstream of the school) for their development in the following areas:
 - Language and communication
 - Conversational skills
 - Social skills
 - Thinking and learning

- Behaviour
- Sensory/motor
- The pupil will be working at Year 4 of the National Curriculum or above in Year 6.
- The pupil's behavioural presentations will be associated with lack of skills in social interaction, social communication and the ability to think flexibly and will be responsive to autism specific intervention
- Other than in exceptional circumstances the pupil will have had the opportunity to access and be successful in mainstream provision before being considered for the resourced Provision.

Secondary SLCN Resourced Provision

- The pupil will be of secondary age
- The pupil will have an EHCP reflecting needs associated with a severe developmental language disorder that is specific in nature, which may present in either or both receptive and expressive areas and which will be the primary presenting need
- The pupil will:
 - have a non-verbal IQ of 85 or above which must include a matrix reasoning subtest score of 8 or above
 - The pupils will have a standardised score on assessments of language at least 1.25 standard deviations below the average for their age
 - There will be no evidence of hearing loss, or neurological dysfunction such as seizures / cerebral palsy, etc
 - There will be no evidence of oral structure abnormalities and no difficulties associated with an autism spectrum disorder.
 - (Dockerell and Leonard, 1998)
- The pupil will be able to access a mainstream curriculum, both social and academic but could need additional support (delivered with the resource base of the mainstream of the school) for:
 - Understanding of verbal presentations (receptive)
 - Expressive needs
 - Independence skills
 - Organisational skills
 - Specific pre-teaching
 - Social activity
- The pupil will be achieving at a Year 4 level or above in one or more areas by the end of the Autumn Term of Year 6.
- The pupil's emotional and behavioural presentations will be associated with specific language and communication needs

Overview of Bolton SEND Specialist Provision

Bolton aims to meet the needs of the vast majority of children within their local mainstream school. This is because we believe that, among other things:

- Inclusive settings and schools can make the vision of children with SEND being accepted by their peers and local community and leading 'regular lives' a reality for parents.
- Children with SEND benefit from the role models of their peers within a mainstream school.
- Children without SEND benefit from the opportunity to build relationships with children with additional needs thus becoming accepting of difference and non-discriminatory in their outlook.
- Children grow up as a valued member of their local community, where they may continue to live as an adult with a long established network of support.

Although this is our aim and we believe that all children should have the opportunity to attend, and thrive in, their local mainstream school, we recognise that for a small number of children access to a specialist environment is necessary. For these children, there are a number of specialist SEND provisions within Bolton. These are outlined below:

Early Years High Needs Bases

Early Years High Needs Bases have places for children aged between 2-4 years of age with SEND whose needs cannot be met within mainstream provisions. The high needs bases are co-located with a mainstream Nursery enabling opportunities for inclusive learning. There are currently 5 high needs bases:

- Alexandra Nursey School (6 full time equivalent places)
- Grosvenor Nursery School (6 full time equivalent places)
- Children's Opportunity Group (4 full time equivalent places, usually for children with a diagnosis of ASD)
- Thomasson Memorial School (6 full time equivalent places for children with an identified hearing impairment)
- The Orchards Nursery School (4 full time equivalent places usually for children with profound and multiple learning difficulties)

Primary Special Schools:

- Green Fold School (for children with severe learning difficulties and profound and multiple learning difficulties)
- Ladywood School (for children with complex needs and moderate learning difficulties)
- Thomasson Memorial School (for children with a hearing impairment)

Secondary Special Schools:

- Lever Park School (for children and young people with social, emotional and behavioral difficulties)
- Rumworth School (for children and young people with complex needs and moderate leaning difficulties)
- Firwood School (for children and young people with severe learning difficulties and profound and multiple learning difficulties)
- Thomasson Memorial School (for children with a hearing impairment. Some children attend the Thomason Memorial School site whilst others access a provision located within Sharples Secondary School)



Resourced Provisions in Bolton

Primary schools:

- Blackrod Church Primary School (resourced provision for children with Autistic Spectrum Disorders)
- St Teresa Primary School (resourced provision for children with Autistic Spectrum Disorders)
- Moorgate Primary School (resourced provision for children with Autistic Spectrum Disorders)
opening June 2021
- Sharples Primary School (resourced provision for children with a visual impairment)

Nurture Group at COG (provision for children in Reception and Year 1 who, for a variety of reasons, find it difficult to assess the Early Years Foundation Stage Curriculum. Children attend nurture group for 2 days a week and their mainstream school for the other 3 days. Children attend for a maximum of 4 terms and schools pay for these places).

Secondary schools:

- Bolton St Catherine's Academy (resourced provision for children with Autistic Spectrum Disorders)
- Rivington and Blackrod Secondary School (resourced provision for children with Autistic Spectrum Disorders)
- Rivington and Blackrod Secondary School (resourced provision for children with developmental language disorder)

School Special Educational Needs (SEN) Information Report

The governing bodies of maintained schools and maintained nursery schools, and the proprietors of academy schools, must publish information on their website about the implementation of the school/setting policy for pupils with SEN. This should be updated annually and any changes to the information available during the year should be updated as soon as possible. The information required is set out in the SEND Regulations 2014 (Schedule 1). These requirements are referred to in brackets throughout.

Schools do not need to use this format but should ensure that their own format contains the information required.

General Information/Frequently Asked Questions

What should I do if I think my child has a Special Educational Need or Disability?

What is the school ethos/approach to SEN and Disability?

(Schedule 1.3c: In general, how do school approach the teaching of pupils with SEN/D?)

How will I know how my child is doing in school?

(Schedule 1.3b: School arrangements for assessing and reviewing the progress of children/young people with SEN)

What support will there be for my child's overall well-being

(Schedule 1.3g: in particular the development of their social and emotional skills and mental wellbeing)?

How will I be consulted about, and involved in, my child's education?

(Schedule 1.7: School arrangements for consulting the parents of children and young people about, and involving them in, the education of their child)

How do XXX school involve children and young people in their education and in the decision making process?

(Schedule 1.8: School arrangements for consulting and involving children and young people in their education)

Who, outside of school, can I turn to for advice and support?

(Schedule 1.10: Contact details of support services/groups who can provide advice and information relating to the SEN of the children and young people concerned for example Bolton IAS Service, Bolton Parent Carers etc)

Where can I find information about Local Authority provision for children and young people with SEN?

(Schedule 1.13: Details of where the Local Offer is published)

How can complaints regarding SEN provision be made and how will they be dealt with?

(Schedule 1.9: Detail the arrangements made by the Governing Body relating to the treatment of complaints concerning the provision made at school)

How do I get a copy of the school SEN policy?

Who do I contact for further information?

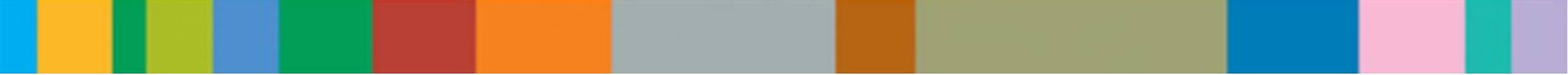
(Schedule 1.4: Contact details of the SENCO)

Need specific information

	Cognition and Learning	Communication and Interaction	Social, Emotional and Mental Health	Sensory and/or Physical
XXX school policy for the identification of needs (Schedule 1.2)				
How XXX school assess whether a child/young person has a SEN (Schedule 1.2)				
Type of SEN provision made throughout XXX school (Schedule 1.1 and 1.3e)	Pupils with an Education, Health & Care Plan Pupils who do not have an Education, Health and Care Plan	Pupils with an Education, Health & Care Plan Pupils who do not have an Education, Health and Care Plan	Pupils with an Education, Health & Care Plan Pupils who do not have an Education, Health and Care Plan	Pupils with an Education, Health & Care Plan Pupils who do not have an Education, Health and Care Plan
How XXX school evaluate the effectiveness of the provision made (Schedule 1.3a)				

How XXX school adapt the curriculum and school environment for pupils with SEND (Schedule 1.3d)	Curriculum Environment	Curriculum Environment	Curriculum Environment	Curriculum Environment
How the school ensure the inclusion of pupils with SEN in activities outside of the classroom (<i>including school trips and after school clubs</i>) (Schedule 1.3f)				
What specialist skills/ expertise do school staff have? (Schedule 1.5)				
What training are the staff teaching and supporting pupils with SEN having/recently had? (Schedule 1.5)				

How does the governing body involve other agencies e.g. health bodies, social care bodies, LA support services and voluntary organisations in meeting the needs of pupils and support their families (Schedule 1.10)				
What external specialist services are accessed by school and how is this specialist expertise secured (<i>to include education, health, social care and voluntary sector services</i>) (Schedule 1.5)				
How are equipment and facilities to support pupils with SEND secured? (Schedule 1.6)				
How does XXX school support pupils with SEN during transition between Key Stages? (Schedule 1.12)				



How does XXX school support pupils with SEN in preparing for adulthood and independent living

(Schedule 1.12)

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SEN Directory: May 2023

Name	Job title	Email	Phone
Sue Cornwell	Head of SEND/Principal Educational Psychologist	susan.cornwell@bolton.gov.uk	01204 338060
Steve Berryman	Head of Inclusion	Steve.Berryman@bolton.gov.uk	01204 338133
Melanie Allen	Deputy Head of SEND	Melanie.allen@bolton.gov.uk	01204 338060

Behaviour Support Service

Name	Job title	Email	Phone
Kim Aldred	Head of Behaviour Support Service	kim.aldred@bolton.gov.uk	01204 338133
Donna Buchanan	Support and Development Manager	donna.buchannan@bolton.gov.uk	01204 338133
Kath Stridgeon	Support and Development Manager	Kathryn.stridgeon@bolton.gov.uk	01204 338133

SEND Assessment Service

Name	Job title	Email	Phone
Gill Murphy	Manager	gill.murphy2@bolton.gov.uk	01204 332121
Michelle Patton	Assistant Manager	michelle.patton@bolton.gov.uk	01204 332097
Chloe Mortlock	SEN Officer	chloe.mortlock@bolton.gov.uk	01204 338984
Samantha Nicholson-Hickling	SEN Officer	samantha.nicholson-hickling@bolton.gov.uk	01204 338983
Stacey Oldfield	SEN Officer	Stacey.Oldfield@bolton.gov.uk	01204 338982
Megan Pasquill	SEN Officer	meganlouise.pasquill@bolton.gov.uk	01204 338984
Becky Ince	SEN Officer	Rebecca.Ince@bolton.gov.uk	01204 332207

Early Intervention and Connexions

Name	Job title	Email	Phone
Katrina Berwick	Bolton Careers Service Team Manager	Katrina.Berwick@bolton.gov.uk	01204 334450
Selina Bayliss	Service Manager EIT	selina.bayliss@bolton.gov.uk	01204 334315

ACIS: Achievement, Cohesion and Integration Service

Name	Job title	Email	Phone
Yousif Islam	Head of Service	yousif.islam@bolton.gov.uk	01204 338055

Educational Psychology Service

Name	Job title	Email	Phone
Sue Cornwell	Principal Educational Psychologist	susan.cornwell@bolton.gov.uk	01204 338060
Jacqui Duckham	Senior Educational Psychologist (SEMH)	jacqui.duckham@bolton.gov.uk	01204 338060
Julie Alfrey	Educational Psychologist	julie.alfrey@bolton.gov.uk	01204 338060
Holly Craggs	Educational Psychologist	holly.craggs@bolton.gov.uk	01204 338060
Jayne Smith	Educational Psychologist	Jayne.Smith2@bolton.gov.uk	01204 338060
Ashley Birchall	Educational Psychologist	Ashley.Birchall@bolton.gov.uk	01204 338060
Dominic Fitzpatrick	Educational Psychologist	dominic.fitzpatrick1@bolton.gov.uk	01204 338060

Ladywood Outreach Service

Name	Job title	Email	Phone
Cate Marsden	Director of External Partnerships	marsdenC@ladywood.bolton.sch.uk	01204 333400
Gail Malone	Administrator for Outreach Service	maloneg@ladywood.bolton.sch.uk	01204 332972

Contact emails for your designated Ladywood Outreach staff member working in your setting can be given on request.

Sensory Support Service

Name	Job title	Email	Phone
Lisa Lane	Head of Sensory Support	lanel@thomasson.bolton.sch.uk	01204 333118/333120

Health – Key Contacts

Name	Job title	Email	Phone
Jenny Wilkinson	Bolton's Designated Clinical Officer	gmicb-bol.dco.sendbolton@nhs.net	
	Named Professional for SEND, Bolton NHS Foundation Trust		01204 462670

Social Care – Key Contacts

Name	Job title	Email	Phone
Jane Pout Anna Dickinson	Team Leader, Children with Disabilities Team	jane.pout@bolton.gov.uk anna.dickinson@bolton.gov.uk	01204 337115
Sine Hall	Transitions Team Manager	sine.hall@boltonft.nhs.uk	01204 333926

SEND Support Service Profile

Name of Service: ACIS (Achievement, Cohesion & Integration Service)

Age range worked with	Early Years, Y1 to Y11
What support can be offered to the school/child/family?	Support for International New Arrivals (INAs) with applying for school places if the children have recently arrived in the UK and have not been on roll in a UK school. Support for INA children with SEND in partnership with the EP service and SENDAS. Support for families and schools at school admission appointments, 1:1 support for INAs in lessons, EAL training for school staff. Advice and guidance for parents who Electively Home Educated (EHE) their children. Advice to support EHCP application/reviews.
Referral criteria	Children who are INAs or EHE.
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO cannot make a referral how is a referral made and by who?	Yes
Contact details for the service	Telephone: 01204 338055 Email: acis@bolton.gov.uk

Details of how a SENCO can make a referral (to include any specific information required) Please leave this blank if a SENCO is not able to make referral directly to your service

INAs (International New Arrivals)

If a child has recently arrived in the UK and has never been on a UK school roll, a referral can be made by telephoning ACIS on [01204 338055](tel:01204338055) or emailing: acis@bolton.gov.uk for an appointment to be arranged for the family to attend ACIS. ACIS staff will support the family with completing all necessary forms to apply for a school place.

EHE (Elective Home Education)

Any child who is already on a school roll and parents are considering home educating him/her then a referral can be made to the Elective Home Education Officer for advice and guidance before the child is removed from the school roll on the above telephone number or emailing ehe@bolton.gov.uk.

Name of Service: Bolton Behaviour Support Service

Age range worked with	2 - 16 years
What support can be offered to the school/child/family?	Group work, 1:1 intervention, parenting support, training for school staff, support with appointments, advice to support EHCP application/reviews, CAMHS referrals, BSCIP. Advice and consultation.
Referral criteria	Via Early Help Assessment (by school request) Any child/family/school requiring advice or support around managing their child's behaviour, exploring possible difficulties, improving and building on the skills of the key staff around the child
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	Yes via the Early Help Assessment (and if the school have a current SLA with BBSS) Any school can contact us for a discussion around available support (even if they do not hold a current SLA) and we can advise if our service can offer support or a piece of work (on an ad-hoc basis) or signpost them to other available support
Contact details for the service	Telephone: 01204 338133 (Office) Or email: behavioursupportservice@bolton.gov.uk

Details of how a SENCO can make a referral (to include any specific information required)

Please leave this blank if a SENCO is not able to make referral directly to your service

The SENCO can complete an Early Help Assessment with the family to identify areas of strength and need and to highlight which area specifically they would like advice or assistance with. This may be completed by other members of school staff if they have a better relationship with the family or the child involved.

The school can then forward the completed EHA to our email address (having obtained consent from the family to share the information with us) and invite us to a meeting to discuss.

It would be useful to include in this, what, if any, strategies have been trialled already (and with what degree of success), and any assessments which may have been completed. Also, it would be useful to know if any other agencies are currently working with the child/family.

**Name of Service: Bolton CAMHS
(Children and Adolescents Community Mental Health Service)**

Age range worked with	0-18 Years
What support can be offered to the school/child/family?	Bolton CAMHS works with children, young people and their families to help them manage their difficulties relating to how they feel and how they think about things. Interventions include: • Low Intensity Interventions • Brief Solution Focused Therapy • CBT • EMDR • Family Systematic Therapy • Interventions for parents • Cognitive Analytical Therapy • Psychopharmacology management/advice • Neuropsychological management/advice • Learning disability difficulties in relation to mental health
Referral criteria	0-18 years old who are having difficulties with their mental health such as: • Low mood • Anxiety • Emotional dysregulation • Behavioural difficulties • Trauma
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	SENCo can refer only after having a consultation with a practitioner on the Single Point of Access pathway. Bolton Community CAMHS New referral Bolton CAMHS have a consultation line for professionals from 12.15pm-1.15pm every day to discuss potential referrals Referrals can also be made by: • GP • Social workers • Behaviour support • I-Thrive partnership organisations • Educational psychologists • Police Referrals can be made by emailing reasons for referral.
Contact details for the service	Referrals can be emailed to: boh-tr.boltoncamhs@gmmh.nhs.uk For queries contact: 01204 483222

Details of how a SENCO can make a referral (to include any specific information required)

Please leave this blank if a SENCO is not able to make referral directly to your service

Contact the consultation line on 01204 483 222 between the hours of 12.15pm-1.15pm to discuss potential referral.

Depending on outcome of consultation referrals can then be made by emailing referrals to:

boh-tr.boltoncamhs@gmmh.nhs.uk.

Name of Service: Bolton Information and Advisory Service SEND

Age range worked with	Birth to 25 years
What support can be offered to the school/child/family?	• Support in meetings • Support to secure and navigate services • Emotional support to parents and carers • Support throughout the SEN support and EHC process • Help completing paperwork • Resolving disputes between schools and families • Workshops and social events for parents and carers • Providing assistance at annual reviews • Advice and support to schools on processes • Supporting with disagreements between schools and/or families, and health and/or the LA • Signposting for social and leisure support • Bespoke training for schools
Referral criteria	The only criteria is that the child has, or may have, special educational needs
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	A SENCO can contact us for advice, guidance and support directly at any time. SENCOs can also contact us to enquire about referring parents and carers/ young people.
Contact details for the service	Telephone: 01204 848722 Email: iasoutofhours@outlook.com Website: www.iasbolton.com

Details of how a SENCO can make a referral (to include any specific information required) Please leave this blank if a SENCO is not able to make referral directly to your service

SENCOs referring for advice and guidance for themselves can access the service using the contact details provided.

SENCOs referring families/ young people to us will need to initially encourage families to make contact with us directly. For those families who are unable to contact us directly, we can take a referral by the school, as long as it is by email and parental consent to share information is recorded.

Name of Service: Bolton Integrated Health and Wellbeing Service

Age range worked with	0-19 (25)
What support can be offered to the school/child/family?	As a professional you may come into contact with children aged 0-19 years (25 years) and their families who you feel would benefit from additional support from our integrated health and wellbeing service. Practitioners working within the integrated health and wellbeing service fully embrace the use of Bolton's Early Help framework to facilitate partnership working with a wide variety of other services.
Referral criteria	Universal service for all- contact details for Healthy Families and Adolescent Team are embedded on the documents below. Please see Health Families Team offer embedded here for information about this offer:  HFT offer on 4 pages.docx Please see the Adolescent Health and Wellbeing Service offer embedded here:  The Adolescent team (The Parallel 360) He
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	SENCOs can contact the service directly for further advice and support - please contact the public health nurse linked to your setting.
Contact details for the service	0-19/25 Admin Hub Pikes Lane Health Centre 244 Deane Road Bolton BL3 5HP Telephone: 01204 462338- 462301-463309-463684 Email: Boh-tr.CYPDAdmin@nhs.net Below are details of the 0-19/25 Public Health Nursing Service- Enhanced Families Team and Neighbourhood Teams which consist of: • Team Leader, • Admin Staff, • Assistant Public Health Practitioners, • Public Health Nurses, • Specialist Community Public Health Nurses – Health Visitors and School Nurses

Contact details for the service	Brightmet & Little Lever 0-19/25 Team Tonge Children's Centre Starkie Road Bolton BL2 2ED Telephone: 01204 338063 Boh-tr.brightmetandlittlelever0-19@nhs.net Turton 0-19/25 Team 501 Crompton Health Centre Crompton Way Bolton BL1 8UP Telephone: 01204 463661 Boh-tr.turton0-19@nhs.net Crompton/Halliwell 0-19/25 Team Crompton Health Centre 501 Crompton Way Bolton BL1 8UP Telephone: 01204 463050 Boh-tr.crompton0-19@nhs.net Rumworth 0-19/25 Team Alexandra Start Well Children's Centre Blackledge Street Bolton BL3 4BL Telephone: 01204 337578 Boh-tr.rumworth0-19@nhs.net Great Lever/Central 0-19/25 Team Great Lever Start Well Children's Centre Leonard Street Bolton BL3 3AP Telephone: 01204 335019 Boh-tr.centralandgreatlever0-19@nhs.net Farnworth & Kearsley 0-19/25 Team Farnworth Start Well & Young Peoples Centre King St Farnworth BL4 7AP. Telephone: 01204 332750 Boh-tr.farnworthandkearsley0-19@nhs.net
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	Chorley Roads 0-19/25 Team Oxford Grove Start Well Children's Centre Shepherds Cross Street Bolton BL1 3BH Telephone: 01204 338188 boh-tr.chorleyroads0-19@nhs.net Horwich & Blackrod 0-19/25 Team Blackrod HC Church Street Blackrod BL6 5EQ Telephone: 01204 462902 Boh-tr.horwichandblackrod0-19@nhs.net Westhoughton 0-19/25 Team Winifred Kettle House Washacre Bolton BL5 2NE Telephone: 01204 335138 Boh-tr.westhoughton0-19@nhs.net Immunisation Team (same address as Turton Team) Telephone: 01204 463170 bolton5-19immsteam@boltonft.nhs.uk Enhanced Families Team (Same contact details as Turton Team) Telephone: 01204 463661/ 463050
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Name of Service: Bolton Parent Carers

Age range worked with	Bolton parents and carers of children and young people who have, or may have SEND, aged between 0-25 years.
What support can be offered to the school/child/family?	Free workshops on a range of SEND topics to help parents and carers navigate the journey. From SEN Support to Transition to SEMH, we have a range of sessions to meet all SEND needs. Workshops are legally accurate and are delivered jointly with Bolton IAS, they also reflect local policy and process. SENCO's and other professionals are also welcome to attend, a maximum of 2 per session. Full details of workshops, including dates and booking are on our website. We are also able to deliver these sessions to professionals upon request, charges would apply for these sessions. Peer support for parents and carers through a variety of opportunities, coffee mornings, social sessions etc. As a parent carer forum, we provide parents and carers the opportunity to have their experiences reflected at a strategic level locally across education, health and social care. This is done in a variety of ways, formally and informally.
Referral criteria	Open to all.
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	Yes.
Contact details for the service	Website: www.boltonparents.org.uk Email: info@boltonparents.org.uk Facebook page and group – Bolton Parent Carers

Details of how a SENCO can make a referral (to include any specific information required) Please leave this blank if a SENCO is not able to make referral directly to your service

Initially, SENCO's can signpost parents and carers to us using the above contacts. However, if a SENCO feels a parent would benefit from us initiating the contact, with parental consent, send an email with the parents' details and we will get in touch.

**Name of Service: BSCIP
(Bolton Social Communication and Interaction Panel) for autism assessment**

Age range worked with	Community Paediatrics: 0-16 years CAMHS: 5-18 years
What support can be offered to the school/child/family?	School to follow the SEND Code of Practice and refer to outside agencies for additional guidance and support. Refer all preschool and primary aged children to Speech and Language Therapy for assessment of social communication and language. Refer to at least one of the following: Educational Psychology, Ladywood Outreach Service, Behaviour Support Service (or equivalent). Signpost family to Bolton Parent Carers group (website: www.boltonparents.org.uk or email: info@boltonparents.org.uk)
Referral criteria (please refer to the BSCIP section for copies of the pathway and associated paperwork e.g. Cambridge questionnaires)	Child/young person up to 18 years. Early Help Assessment forms giving evidence of any needs and response to strategies tried so far. Speech Therapy report (if applicable). Information gathering form completed by school/setting and family. Cambridge questionnaires (applicable to the child's age) completed by setting and family. Please score them prior to returning. Reports from outside agencies (see above)  BSCIP checklist - Updated Oct 2021.d
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	Yes
Contact details for the service	ICPSBSCIP@boltonft.nhs.uk for referrals and queries

Details of how a SENCO can make a referral (to include any specific information required) Please leave this blank if a SENCO is not able to make referral directly to your service.

Please collate all relevant information and reports before sending to:

ICPSBSCIP@boltonft.nhs.uk

(Please remember to submit all relevant Early Help forms, not just the most recent, to ensure we receive all background information).

Name of Service: Children with Disabilities Social Work Team

Age range worked with	Birth – 18 years
What support can be offered to the school/child/family?	The Children with Disabilities Social Work Team provide a specialist statutory social work service for disabled children and their families. This includes assessment and identification of appropriate services to meet need, including short break care, specialist advice/information and signposting, coordination of multi-agency plans at Child Action and Child Protection level. The CWDT also provide statutory social work support for children Looked After by the Local Authority including the development and review of Personal Education Plans, CLA reviews, statutory visits and liaison with Transition and Leaving Care services. The CWDT work closely with local authority short break and domiciliary care providers. Short break provision can include befrienders, access to supported play provision (where a child is unable to access universal services as a result of their additional needs), family-based or residential short break care, domiciliary care or a direct payment in lieu of one of these assessed services.
Referral criteria	All children with a disability are entitled to an assessment to look at how services can support them. In Bolton, dependant on the level of need this can be provided via an Early Help Assessment completed by a lead professional, a short break assessment completed by a social worker or a Child and Family Assessment completed by a Social Worker from the Children with Disabilities Team. The Children with Disabilities Team work with children who have severe or substantial disabilities, specifically • A severe or profound learning disability • A severe physical disability • A complex Autistic Spectrum Condition with severe learning disability • A complex medical health condition The CWDT specialise in those children with a severe and profound disabilities that have a significant impact on their daily life and that of their families. Specialist intervention from the Children with Disabilities Social Work Team is aimed at those children who have significant needs resulting from their disability that require additional /specialist services beyond that available within Early Help processes/ services. Where the presenting need reflects wider social care issues, including those relating to safeguarding, referrals should be directed to the Integrated Front Door in the first instance. Families of young people who have: • Conduct disorders or behaviour difficulties which arise as a result of life experience rather than impairment; • Additional health needs such as asthma, eczema and epilepsy (unless that condition is persistent and leads to significant loss of function and care needs as above); • Intermittent mental health difficulties, or psychosis; should be assessed through Early Help processes in the first instance or referred to the Integrated Front Door for Targeted/Statutory Help if the level of concern is beyond that of Early Help.

Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	Any professional, including SENCO's can refer to the Children with Disabilities Team with consent from the child's parents. The Children with Disabilities Team are part of the Integrated Front Door and can provide consultation and advice if required. Early Help processes should be followed in the first instance and if needs arising from the child's disability (as defined above) are unable to be addressed in this arena, a referral can be made, with parental consent, via the Integrated Front Door using the online referral form. If there is a current Early Help assessment this should also be included. If the presenting concern is of a safeguarding nature referrals should be directed to Targeted /Statutory Help via the Integrated Front Door. Details of all members of the household must be included in the referral. The social care needs of children should also be considered and discussed with parents as part of any request for an EHC assessment. In relation to disabled children, SENCO's should refer to the Children with Disabilities Social Work Team for assessment (using the above process) if social care needs relating to a child's disability as identified above are identified at this time.
Contact details for the service	Integrated Front Door Worried about a child? – Bolton Council Children with Disabilities Team Duty Social Worker Tel: 01204 331500 and select option 4

Name of Service: Early Intervention Service

Age range worked with	Compulsory school age children (5 – 16 years)
What support can be offered to the school/child/family?	The Early Intervention Service works closely with schools to provide advice & support to children, young people, and their families in relation to school attendance. Support for families can take a range of forms including proactive support from a keyworker, child protection safeguarding visits, advice, guidance and in certain cases the use of legal measures to enforce school attendance.
Referral criteria	See information below
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	Where a SENCO has concerns about a pupil's attendance, they should discuss this with the attendance lead in school before contacting the service to discuss additional support.
Contact details for the service	Service Manager: Selina Bayliss Telephone: 01204 334202 . Email: selina.bayliss@bolton.gov.uk

Details of how a SENCO can make a referral (to include any specific information required) Please leave this blank if a SENCO is not able to make referral directly to your service

Keyworker support

Keyworker support is targeted at those pupils who are most vulnerable and have significant levels of unauthorised absence from school.

Access to this service is through the Early Help process and it is expected that schools will have exhausted all internal interventions prior to referring for keyworker involvement.

Children missing Education

The service supports schools undertake reasonable enquiries to ascertain the whereabouts of children who are believed to have left the area with confirming a forwarding destination.

For more Information or to discuss a case please speak to your area contact:

North Area

Carol Mahon
07766 528480
carol.mahon@bolton.gov.uk

South Area

Kirk Ross
07795 044402
kirk.ross@bolton.gov.uk

West Area

Craig Swinton
07747 764603
craig.swinton@bolton.gov.uk

Child Protection First Day Visits

The service undertakes a home visit on the first day of absence for any Bolton child who is subject to a Child Protection Plan or Looked after and living at home. This is done through a duty team and schools should contact 01204 334220 before 10.30am to report the absence.

The Service is also responsible for:

Issuing Penalty Notices & initiating legal measures to address irregular school attendance.

The licencing of children involved in employment & entertainment.

For more information please contact the child Employment & Enforcement Officer on: **01204 338176**.

Name of Service: Educational Psychology Service

Age range worked with:	0 – 25 years
What support can be offered to the school/child/family?	Educational Psychologists promote effective learning and the healthy, social and emotional development of all children and young people aged 0 – 25 years. This is achieved through the application of psychology in early years settings, schools, colleges and communities. Bolton Educational Psychology Service provide a statutory service to schools, colleges and settings including; the provision of advice for the EHC Needs Assessment process, the provision of advice for and attendance at annual reviews when requested by the LA, work with Looked After Children (LAC) and the Critical Incident Support Service. In addition Bolton Educational Psychology Service has a traded service enabling schools, colleges, settings and partner agencies the opportunity to purchase a wide range of additional packages of support for children, young people and their families including a wide range of assessments, a range of interventions with individual children and young people or small groups and a wide range of training. These can either be chosen from our SLA brochure or can be specifically designed to meet your individual requirements.
Referral criteria	We have no specific criteria for referral, but there should be a concern regarding a child's development – either in terms of their academic progress, their speech, language and communication needs or their social and emotional development.
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	YES (we only accept referrals from schools/settings, we do not accept referrals directly from parents)
Contact details for the service	Phone number. 01204 338060 Administrator: Susan Gordon Principal EP: Sue Cornwell Senior EPs: Jacqui Duckham Or contact your school link EP

Details of how a SENCO can make a referral (to include any specific information required)

Please leave this blank if a SENCO is not able to make referral directly to your service

SENCOs can make a referral to the EP service using an Early Help form, along with any relevant EH reviews. Please could you ensure that EH forms include or indicate signed parental consent and that 'Educational Psychology Service' is listed in the 'Information Sharing' and 'Action Plan' sections, to avoid delays in allocation. If the request for work is clear in the Action Plan section of the EH Assessment then we will pick up the request from this however, if the request is not clear then please also complete the 'Requests for involvement' form detailing what work it is that you are requesting.

Requests can either be sent directly to your school EP, or if you do not have a named EP, are new to the service, or buy on an ad hoc basis you can also send any referrals, along with the corresponding EHAs to epstraded@bolton.gov.uk for allocation to an EP.

Name of Service: Integrated Community Paediatric Services
(Previously known as Community Paediatrics and Children's Community Nursing)

Age range worked with	0 – 18 years (19 in a special school setting or under the care of a Paediatrician)
What support can be offered to the school/child/family?	The service provides holistic care for children & young people who require assessment, intervention, advice and support to manage short or long term health conditions in a community location. Acute exacerbations associated with those conditions, can also be supported with the aim to reduce unnecessary admissions to secondary care.
Referral criteria	Referrals must be made by a health care professional.
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	No, any concerns should be discussed in full with the public health nurse. The BSCIP pathway is an exception to this (please see service profile for BSCIP) All children and young people who are accepted for an EHC needs assessment will receive a medical review as part of this process.
Contact details for the service	Email: boh-tr.icpsreferrals@nhs.net

Name of Service: Ladywood Outreach Service

Age range worked with:	Ladywood Outreach Service is part of Woodbridge Trust. The service supports the needs of learners from 2 to 19 years with a range of cognition and learning needs, speech language and communication needs and pupils with a diagnosis of Autistic Spectrum Disorder. The service also supports the inclusion of pupils with a variety of Specific Learning Difficulties e.g. dyslexia, dyscalculia) in mainstream schools and settings across Bolton LA and beyond.
What support can be offered to the school/child/family?	We work alongside our mainstream colleagues in supporting learners with additional needs and enabling them to access the curriculum and participate in the wider school life. At the request of the SENCo we support pupils directly with a variety of interventions including group activities, 1:1 support, modelling and facilitate screening tests or assessments when appropriate. We will also provide modelling and support directly to parents if requested. The service has a comprehensive CPL offer for schools. We support families of children with ASD by facilitating the Early Bird Plus, Teen Life and Riding the Rapids accredited training programs. We offer settings and parents additional accredited training such as Sign a long, ELKLAN and Team Teach. We have an online learning offer including ASD, Sensory awareness dyslexia awareness that can be accessed conveniently at any time. For any TRAINING enquiries please contact Kath Kay: training@ladywood.bolton.sch.uk For any ONLINE TRAINING enquiries please contact Tracey Sutherland: elarning@ladywood.bolton.sch.uk
Referral criteria	Schools including school nurseries- A referral to the service is actioned through the SENCo via an EHAF following processes and principles outlined in the Bolton SEND Handbook and Code of Practice. Private and voluntary nurseries - refer into the service using an early help through SPOA. We will then be directed by SPOA if we are the most appropriate service to support your setting. Time allocation Settings have a time allocation that is based on fair access for all schools and setting we support with our core purpose supporting teaching and learning curriculum and the social curriculum Enhanced offer Alongside our core offer if schools require additional support they can purchase sessions of support that can be used flexibly to meet needs. We require parental permission to provide any aspect of our service including enhanced services

Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	Yes
Contact details for the service 	Please send completed early help forms to: Email securely to setting lead teacher Deb Howarth howarthd@ladywood.bolton.sch.uk Edel Hargadon hargadone@ladywood.bolton.sch.uk Gemma Capps cappsg@ladywood.bolton.sch.uk Helen Jones jonesh@ladywood.bolton.sch.uk Jill Rendell rendelli@ladywood.bolton.sch.uk Kristina Marsh marshk@ladywood.bolton.sch.uk Philippa McCluskey mccluskeyp@ladywood.bolton.sch.uk Rachael Lee leer@ladywood.bolton.sch.uk Tre Burch burcht@ladywood.bolton.sch.uk Vicky Barker barkerv@ladywood.bolton.sch.uk Rachel Berry berryr@ladywood.bolton.sch.uk Cass Allen allenc@ladywood.bolton.sch.uk Office- MaloneG@ladywood.bolton.sch.uk Director Of External Partnerships/ Head of Ladywood Outreach – Cate Marsden marsdenc@ladywood.bolton.sch.uk Ladywood Outreach Service Masfield Rd, Little Lever, Bolton BL3 1NG Telephone: 01204 333400

Details of how a SENCO can make a referral (to include any specific information required)

Please leave this blank if a SENCO is not able to make referral directly to your service

In addition to a relevant holistic assessment (Early Help) for the child or young person it is useful to know these things specifically for our service

General Health / Physical Development:

- Is the child known to a paediatrician?
- Are there any known medical conditions?
- Were there any complications at birth?
- Are there any issues with toileting, feeding, sleeping, drinking?
- Hearing or visual impairments?
- Any issues with fine gross motor skills, body awareness and balance, are they under / over active?
- Is OT or Physio involved?

Communication

- Is there a Speech Therapy programme in place in school or is there a referral to Speech?
- What is the child's preferred communication style?
- What non-verbal strategies does the child use?
- What strategies are already in place and what are the outcomes of these?
- Is speech age appropriate? / How effective is speech sound production?



Interaction

- What are the relationships like with adults and peers?
- Brief description of social & play skills
- How do they express their emotions or how aware of their emotions are they?
- Are they able to self-regulate emotions?
- Ability to cope with change.
- Can the child initiate interaction and do they want to?
- Any special interests?
- What strategies are currently being used by the setting and the impact of the strategies?
- Levels of joint attention and focus
- Any Diagnosis or medical issues that may affect behaviours including medication.
- Patterns, triggers or frequencies of atypical behaviours.
- Ability to share and take turns.
- Settings strategies used and the outcome.
- Friendships – are they well maintained / ability to form.
- Any indicators of low self-esteem / self-image or any difficulties with early life experiences.
- Any sensory needs?

Name of Service: Paediatric Learning Disability Service (PLDS)

Age range worked with	0-18 years (19 if needed as part of the transition plan).
What support can be offered to the school/child/family?	The team has specialist knowledge and skills to assess and support the health needs of children and young people who have learning disabilities/global development delay and an additional health need. The following list is an example of the types of areas for which the PLDS may be able to provide specialist assessment and intervention; please note this list is not exhaustive. • Toileting needs • Sleep issues • Puberty/growing up issues • Behaviour • Issues with eating and drinking relating to their LD. • Understanding their own health/health conditions • Promoting independence/self-help skills • Accessing health care Interventions may be delivered via home or school visiting or in groups as per assessed need.
Referral criteria	• Child/young person is registered with a Bolton GP • Is 0-18 years • Has an unmet health need (Child has been seen by universal services but due to the child's LD they need further specialist input). • Has a diagnosis of either a learning disability, or global development delay and evidence provided. (GDD must be inclusive of cognitive delay) as defined below: Global Development Delay: A child may be described as having global developmental delay (GDD) if they have not reached two or more milestones in all areas of development. These areas are: • cognitive skills - the ability to learn new things, process information, organise their thoughts and remember things • motor skills - either gross motor skills like sitting up or rolling over and fine motor skills, for example picking up small objects • speech and language - which also includes babbling, imitating speech and identifying sounds, as well as understanding what other people are trying to communicate to them • social and emotional skills - interacting with others and development of personal traits and feelings, as well as starting to understand and respond to the needs and feelings of others. Learning Disability definition: • Low intellectual ability (IQ score of 70 or below) • A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence) • Onset in childhood with a lasting impact on childhood
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral)	Yes Please contact the service using the details below to request a referral form.

If a SENCO can not make a referral how is a referral made and by who?	
Contact details for the service	Paediatric Learning Disability Service Great Lever Health Centre Rupert Street Bolton BL3 6RN Telephone: 01204 463660 Email: PLDS@boltonft.nhs.uk

Details of how a SENCO can make a referral (to include any specific information required)

Please leave this blank if a SENCO is not able to make referral directly to your service.

- It is the responsibility of the referrer to provide evidence of the learning disability or global development delay. This may be a diagnosis from a medical professional or via assessments such as Ages and Stages Questionnaire, an Educational Psychology report evidencing IQ of 70 or below, P levels or other appropriate assessments.
- Children/young people should have accessed universal services in the first incidence (such as public health nurses/GP) and this intervention has not resolved the issue
- Referrals are only accepted from agencies who are supporting the child/young person (we are unable to accept self-referrals).
- Referrals should be made using our referral form with additional information/evidence and their up to date Early Help form attached with a clear rationale for the referral
- Parents must have consented to the referral and should be made aware that we are a learning disability service. Young people's consent should also be sought where possible.
- We are unable to accept referrals for children who have a diagnosis of Autism without a learning disability.
- We are unable to accept referrals for young people who have specific educational learning difficulties rather than a learning disability. A learning difficulty is a term relating to educational learning needs and does not impact intellect (adapted from Mencap, 2017) (<https://www.mencap.org.uk/learning-disability-explained/what-learning-disability>)
- Please contact the service to request a referral form.

Name of Service: Paediatric Musculoskeletal (MSK) Physiotherapy

Age range worked with	0 – 17 years inclusive
What support can be offered to the school/child/family?	Outpatient appointments – intervention and advice
Referral criteria	Bolton GP/Consultant 0-17 years Health professional referral for MSK problems
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	If there are any concerns regarding pain, loss of function or movement of a joint or queries regarding a musculoskeletal problem please advise parents to seek advice from their GP. Their GP can then assess and refer to the relevant service.
Contact details for the service	Paediatric Physiotherapy - MSK Brightmet Health Centre Brightmet Fold Lane Bolton BL2 6NT Telephone: 01204 462670 Email: paedcommtherapyreferrals@boltonft.nhs.uk

Name of Service: Paediatric – Neuro-developmental (Neuro) Physiotherapy

Age range worked with	0 – 18 years inclusive (19 if in special school)
What support can be offered to the school/child/family?	An assessment of the child/young person's needs and intervention which may include advice, provision of therapy programmes, review, therapy assistant sessions, specialist equipment advice/provision, contribution to EHCPs
Referral criteria	The Neuro Paediatric Physiotherapy Service will accept referrals from professionals across education (including early years settings), health and social care for children & young people aged 0-18 years (or up to 19 years if considered clinically appropriate) who are registered with a Bolton G.P and have a neurological or developmental delay not due to learning difficulties.
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	Most referrals are made by a health professional given the physical needs of the child.
Contact details for the service	Paediatric Physiotherapy - Neuro Brightmet Health Centre Brightmet Fold Lane Bolton BL2 6NT Telephone: 01204 462670 Email: paedcommtherapyreferrals@boltonft.nhs.uk

Details of how a SENCO can make a referral (to include any specific information required) Please leave this blank if a SENCO is not able to make referral directly to your service.

Please make a referral via our referral form or letter with copy of Early Help Form.

Name of Service: Paediatric Occupational Therapy

Age range worked with	0 – 17 years inclusive (19 if in special school)
What support can be offered to the school/child/family?	An assessment of the child/young person's needs and intervention which may include advice, therapy programmes, review, therapy assistant sessions, specialist equipment advice/provision, recommendations regarding equipment and adaptations at home, and/or contribution to EHCPs.
Referral criteria	The Paediatric Occupational Therapy Service will accept referrals from professionals across education (including early years settings), health and social care for children & young people aged 0-17 years inclusive (or up to 19 years if considered clinically appropriate) who are registered with a Bolton G.P., or for home adaptations and equipment for those who are permanent residents in Bolton Council Borough.
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	Yes
Contact details for the service	Paediatric Occupational Therapy Brightmet Health Centre Brightmet Fold Lane Bolton BL2 6NT Telephone: 01204 462670 Email: paedcommtherapyreferrals@boltonft.nhs.uk

Details of how a SENCO can make a referral (to include any specific information required)

Please leave this blank if a SENCO is not able to make referral directly to your service.

Please make a referral via our Occupational Therapy referral form or letter with copy of Early Help Form.

The child will have difficulties such as those listed that are not in line with their development:

Gross Motor

- Difficulty organising movement
- Concerns with balance or co-ordination

Fine Motor

- Problems with manipulation/hand function

Perceptual difficulties

- Difficulty finding items in a cluttered environment and difficulty copying letters such as reversals etc.

Other Issues

- Safety Issues
- Self-help skills, eating, dressing etc.

Difficulty with writing/pencil skills

- Seating/positioning

Moving and handling

**Name of Service: Paediatric Speech and Language Therapy (SALT)
Early Years Communication and Language Development Service (EYCLDS)**

Age range worked with	Paediatric Speech and Language Therapy (SALT) and Early Years Communication and Language Development Services (EYCLDS) support children and young people aged 2 - 18 years with speech, language and communication needs. Children aged 0 - 19 (25) years with complex needs.
What support can be offered to the school/child/family?	Assessment by a Speech and Language Therapist to enable the therapist to reach a diagnosis and provide a package of intervention. Interventions will be dependent on the child or young person's needs and may include 1:1 sessions, group interventions and parent/ school training sessions. Liaison will take place at all stages with the team around the child in order to support a collaborative approach to embedding relevant strategies to support a child or young person's speech, language and communication needs.
Referral criteria	Children and young people registered with a GP within the Bolton area. Requests for a service are accepted from the agency holding the concern and should include evidence of a graduated approach and any relevant reports e.g. Educational Psychologist, with the consent of the child or young person's parent / carer. Single agency referral forms are accepted for those children whereby speech and language is the only concern and this is likely to be a short-term need. For those children where there are additional concerns or the impact of their difficulties is seen across other areas e.g. behaviour, then an Early Help Assessment is required.
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	Yes
Contact details for the service	Please send completed referral forms/ Early Help Assessment forms to: Paediatric Speech and Language Therapy Brightmet Health Centre Brightmet Fold Lane Bolton BL2 6NT Telephone: 01204 462670 Email: paedcommtherapyreferrals@boltonft.nhs.uk



Details of how a SENCO can make a referral (to include any specific information required)

Please leave this blank if a SENCO is not able to make referral directly to your service

In addition to a relevant holistic assessment (Early Help) for the child or young person, specifically for SALT, information about strengths and needs in the following areas should be provided in the **Speech, Language and Communication** section or within the functional impact section of the single agency referral form:

- Attention and Listening
- Play and social skills
- Understanding
- Speech sounds and talking
- Dysfluency/stammering
- Feeding/swallowing issues
- Information about what steps have been made to address these concerns/issues to date e.g. WellComm scores (mandatory for 0-5s) and activities shared with family, family attended Steps to Talking group within Start Well Service.
- **NB re: Bilingual referrals** - please state **ALL other languages spoken in the home** regardless of need for interpreters. We need this information to assess the child in their first language as well as in their second language. This means that we will need to book an appropriate interpreter to help the Speech and Language Therapist complete this assessment process.
- Please specify if a child is already known to an independent or private Speech and Language Therapist and include their details in the other professionals involved section. This is so liaison between SALTs can take place with parental permission.

Other recent specialist assessments should also be attached to the referral:

1. Ages and Stages Questionnaire (ASQ-3)
2. Ages and Stages Questionnaire: Social and Emotional (ASQ:SE)
3. WellComm Score Sheet
4. Steps to Talking group report
5. Reports from other professionals e.g. Educational Psychology, Ladywood Outreach, Audiology

Name of Service: Special Needs Under Fives Support (SNUFS)

Age range worked with	Children between the age of 2 and 5
What support can be offered to the school/child/family?	Volunteers provide 1-1 support to a SEN child for 1/2 sessions per week. The support is carried out within an Early Years setting under the direction of the staff. This support helps focus on identified needs of the child giving them opportunities to engage in activities alongside other children. Support can help with transition into reception class and can continue as required until the child turns 5.
Referral criteria	If a SENCO feels a child will benefit from additional 1-1 support, they can refer the child to SNUFS, the child will be added to our waiting list until a suitable volunteer is available.
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	SENCO/Nursery Head to make referral to SNUFS
Contact details for the service	Niki Wareing Coordinator Special Needs Under Fives Support Room G28 Castle Hill Centre Castleton Street Bolton BL2 2JW Telephone: 01204 338211 Mobile: 07449544933 Email: niki@specialneedsu5.co.uk

Details of how a SENCO can make a referral (to include any specific information required) Please leave this blank if a SENCO is not able to make referral directly to your service

A SENCO/Nursery Head must complete the SNUFS Request for Support Agreement Form (this form can be sent electronically or by post). Please contact SNUFS if you require a copy.

The agreement form asks for details of the child, the child's needs and expected future outcomes.

The SENCO must sign the form to agree to complete outcome reports at the end of each full term.

They must also ensure the parents of the child sign the form to agree to SNUFS volunteer support.

Name of Service: Start Well Service (Family Support)

Age range worked with	0 - 5 years
What support can be offered to the school/child/family?	Family support interventions for families of children under 5 years
Referral criteria	If there is a recognition by professionals and parents that an additional piece of work, beyond that as done by professionals already involved, would be helpful they can refer to Start Well for a family support intervention. This support will be useful for those children at some risk of poor outcomes within the areas described as: • Basic care • Safety and supervision • Emotional warmth • Guidance and boundaries • Play and stimulation • Stability • SEND
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	Yes
Contact details for the service	Email: startwellreferrals@bolton.gov.uk

Details of how a SENCO can make a referral (to include any specific information required) Please leave this blank if a SENCO is not able to make referral directly to your service

As Lead professional or in partnership with Lead professional, the SENCO would identify the goals and actions to be achieved by this family support intervention as part of an Early Help Assessment and Action Plan

Name of Service: Start Well SEND Team

Age range worked with	0 - 5 years
What support can be offered to the school/child/family?	• Support and guidance to Early Years SENCOs • SENCO Training • Access to Inclusion Funding or High Needs Base Provision • Access to SPOA (Single Point of Access) for Start Well specialist SEND advice, EP and Ladywood
Referral criteria	• SENCO support – identified need, self-referral • Access to Inclusion Fund and High Needs Base Provision assessed against matrix and criteria document. • Access to SPOA assessed against documents requested for referral
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	Yes
Contact details for the service	Telephone: 01204 338355 Email: startwellSEND@bolton.gov.uk

Details of how a SENCO can make a referral (to include any specific information required)

Please leave this blank if a SENCO is not able to make referral directly to your service.

- SENCO Support through direct contact to service
- Access to Inclusion Funding and High Needs Base through Early Help assessment and Action Plan
- Access to SPOA (Single Point of Access) through referral documentation listed
- Full guidance on Start Well website at:
<https://www.boltonstartwell.org.uk/resources/send-inclusion/1>

Name of Service: Thomasson Memorial Sensory Support Service

Age range worked with	0-25 years
What support can be offered to the school/child/family?	We support babies, children and young people (CYP) with a visual, hearing or multi-sensory impairment. The support offered ranges from teaching parents how to best interact and establish communication with a baby to preparing young people for a good life as an independent adult. Many compensatory skills and adaptation to resources are needed to overcome visual impairment for children in mainstream education and specific approaches help children in special schools to make the best possible use of their residual vision and their other senses. Deafness is not a learning difficulty although the impact it has on a baby, child or young person can be significant and wide ranging. Specialist Qualified Teachers of the Deaf (QToD) provide support to ensure the CYP make good progress towards national developmental milestones. This support has a particular focus on language, communication and social skills as these areas are likely to be especially challenging for many deaf CYP. Sensory Support Service offer: • Family support from diagnosis to 25 years. • In the Early Years this consists of regular visits to the home/ nursery, joint monitoring of progress with parents, coaching parents in best practice for speech, language and communication development for HI CYP and coaching parents on helping their child develop visual perception skills and help in accessing support in early years education for VI CYP. • Family support continues as the CYP move through their academic career through regular updates, reports and meetings. • Liaison with parents/carers, audiology, school staff and the Team around the Child as required. • A sensory experiences and a HI pre-school group runs fortnightly/monthly giving parents the opportunity to meet with other parents with a child with a visual impairment and or hearing impairment. This group models good practice of interaction with children. A monthly visitor to the group also gives parents information on a range of community resources and issues relating to their child's disability. • Direct Input or Monitoring visits for CYP.

Intervention support for individual CYP in School consists of:

- Formal and informal assessments, monitoring and careful observation, discussions with school staff and liaison with the Team around the Child, reporting to establishments on meeting the needs of individual children.
- Provision of strategies and specific programmes of study to be implemented by parents/carers, school staff and/or the QToD or QTVI.
- Advice on the purchase of specialist equipment (eg laptop, low vision aids, Braille Technology, Digital magnifiers, Assistive Listening Devices such as hearing aids, cochlear implants, radio aids and soundfield systems.)
- Check and maintenance of Devices
- Sharing targets with mainstream colleagues to provide a coherent multiagency approach.
- Direct teaching of CYP with a hearing impairment or severely sight impaired who need to learn compensatory skills (Braille, Touch typing, literacy intervention, tactile perception skills, specific curriculum interventions if appropriate e.g. GCSE revision).
- An audit of the environment to ensure safety and accessibility is carried out to support the transition of pupils who are severely sight impaired to new settings and for HI pupils to ensure that the environment is set up to maximise the CYP's residual hearing.
- Inset training for school staff (teachers and support staff) on the inclusion of children with a hearing or visual impairment and the adaptation of resources and/or speech, language and communication skills to meet the CYP's needs.
- The training can be tailored for an individual child or offered as general CPD on hearing or visual impairment. This can include a visit to the resourced provision for VI children or school for deaf children to shadow specialist staff.
- Support through each transition stage.
- Reports are provided regularly to schools in the form of termly/half termly monitoring reports, contributions to Education Health Care Plans, Early Help Assessment Reports and Contributions to Annual Review Meetings.
- Reports are provided regularly to schools in the form of termly/half termly monitoring reports, contributions to Education Health Care Plans, Early Help Assessment Reports, and contributions to Annual Review Meetings.

Referral criteria	Hearing Impaired Children and Young People are referred to our service by the Audiology Department located at Brightmet Health Centre. Vision Impaired Children and Young People are referred to our service by the Eye Unit (Ophthalmology) at Bolton Royal Hospital. We are only able to accept referrals if there is medical evidence of a visual or hearing impairment.
Can a SENCO make a referral to the service? (Please see next page for details of how to make this referral) If a SENCO can not make a referral how is a referral made and by who?	If mainstream colleagues have concerns regarding a child's vision or hearing, they should discuss this with the child's parents suggesting an assessment by their GP or an Optician. If the situation persists the SENCO can refer to the school nurse who can make any further referrals necessary. A SENCO can make a referral to our service as long as there is medical evidence that the child has a visual impairment or hearing impairment.
Contact details for the service	Thomasson Memorial Sensory Support Service Devonshire Rd Bolton BL1 4PJ Telephone: 01204 333120 Email: sss@thomason.bolton.sch.uk Text: 07731673339 Website: www.thomasson.bolton.sch.uk Twitter @thomassonschool

Details of how a SENCO can make a referral (to include any specific information required) Please leave this blank if a SENCO is not able to make referral directly to your service

If a SENCO is aware that a child has a visual/hearing impairment, they can approach our service via email, with the medical evidence as an attachment to the email. We would then seek parental permission to support the child.

It is worth noting that only children whose vision is not fully corrected by wearing glasses are considered to have a visual impairment. This is a distinction which can only be made by relevant medical professionals. The first port of call in case of any concerns is the GP or the Optician.

