



## **SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) POLICY**

Fulwell Infant School is a converter academy that provides a caring, safe and secure environment for children aged 3-11 years. We strive to fully meet the needs of each of every child enabling them to reach their full potential. We welcome them into our supportive community and enable them to participate in all aspects of school life.

The school was inspected by Ofsted in July 2014 and judged to be outstanding in all key judgements.

**REVIEW DATE:** January 2020

**NEXT REVIEW DATE:** January 2021

### **SENDco**

Tania Quinn (Acting) Jane Coates (supporting)

### **LINK GOVERNOR (SEND):**

Mrs L.Burtoft

All academy policies at Fulwell Infant are intended to ensure that no-one is treated in any way less favourably on the grounds of race, colour, national or ethnic or social origin, race, disability, gender, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy and maternity, age, religion / belief or political / other personal beliefs.

This policy has been developed in accordance with the SEND Code of Practice [2014] and any further updates which are lawful [ie Single Equality Duty 2010], for the identification and assessment of SEND.

This policy also follows the guidance associated with The Children and Families Act (2014) and its associated regulations including Special Educational Needs and Disability Regulations (2014), Special Educational Needs (personal budget) Regulations (2014) and The Order setting out transitional arrangements

It replaces the previous policy which was drafted during the Spring Term 2004 and ratified by the Trustees / Governing Body in June 2004. Procedures will be kept under continuous review. The policy was formally reviewed in March 2012, January 2015 and May 2016.

The policy should be read in conjunction with the Special Education Needs School Report and Local Offer together with other school policies, particularly Child Protection, Equality and Diversity, Learning and Teaching, Confidentiality and Data Protection [1998], Reasonable adjustments for disabled pupils (2012), Supporting pupils at school with medical conditions (2014), Admission Policy. These key documents are available on the website: [www.fulwellinfant.org](http://www.fulwellinfant.org).

## DEFINITION

The Special Educational Needs Code of Practice (2015) provides the following definition of special educational needs:

### Special educational needs (SEN)

xiii. A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

xiv. A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions

xv. For children aged two or more, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers.

For a child under two years of age, special educational provision means educational provision of any kind.

xvi. A child under compulsory school age has special educational needs if he or she is likely to fall within the definition in paragraph xiv. above when they reach compulsory school age or would do so if special educational provision was not made for them (Section 20 Children and Families Act 2014).

xvii. Post-16 institutions often use the term learning difficulties and disabilities (LDD). The term SEN is used in this Code across the 0-25 age range but includes LDD.

Pp. 16 - 17 SEND Code of Practice 0 - 25 (2015)

## PRINCIPLES

There are 3 principles that are essential to developing a Special Needs and Disability Policy, providing an inclusive curriculum:

- Setting suitable learning challenges - giving every pupil the opportunity to experience success in learning and to achieve as high a standard as possible.
- Responding to pupils' diverse learning needs - planning approaches to teaching and learning so that all pupils can take part in lessons fully and effectively.
- Overcoming potential barriers to learning and assessment for individuals and groups of children ensuring that curriculum planning and assessment highlight the type and extent of difficulty experienced by the pupil, so that support can be given.

Therefore at Fulwell Infant School Academy we believe that in pursuit of our aims we will:

- Ensure that any child's special educational needs are identified early through ongoing assessment
  - Make provision for a broad and balanced curriculum for all children
- Plan appropriate work that is matched to individual children's needs
- Provide good management of resources, including staff, to ensure all children's needs are met
- Regularly review progress, taking into account the views of the child, parents and professionals involved in line with statutory guidance
- Take into account the wishes of the child concerned, in the light of their age and understanding
- work in partnership with parents and take into account the views of individual parents in respect of their child's particular needs
- Ensure there is close co-operation between all the agencies concerned and a multi-disciplinary approach to the resolution of issues as set out in the code of practice (2015)
- encourage and praise all pupils to develop a positive self-image

## **Roles and Responsibilities**

### **Trustees / Governing Body in conjunction with the Headteacher:**

- They will determine the school's general policy with approach to provision for children with special educational needs, establish the staffing and funding arrangements and maintain a general oversight of the school's work.
- Appoint an SEND link governor to take a particular interest in and closely monitor the school's work on behalf of children with special educational needs.
- On an annual basis report to parents on the special educational needs provision in the school.

### **Headteacher**

#### **The Headteacher:**

- has responsibility for the day to day management of all aspects of the school's work, including provision for children with special educational needs.
- will keep the Trustees / Governing Body fully informed about the provision for children with special educational needs.
- will work closely with the school's Inclusion Manager.

#### **The SENDcO (*Special Educational Needs and Disabilities Coordinator*)**

The SENDCO must be a qualified teacher who is working towards or has been awarded the 'National Award for Special Educational Coordination'.

#### **The SENDcO will:**

- Coordinate all the support for children with special educational needs or disabilities (SEND) and developing the school's SEND Policy to make sure all children get a consistent, high quality response to meeting their needs in school
- Ensuring that parents are involved in supporting your child's learning and informed about the support your child receives and Involved in reviewing how they are doing
- Liaising with all the other professionals who may help to support learning e.g. Speech and Language Therapist, Educational Psychologist
- Updating the school's SEND register and Medical register making sure that there are detailed records of progress and needs.
- Providing specialist support and training for teachers and support staff in the school so they can help children with SEND in the school achieve the best progress possible
- Ensuring children have effective support plans, relevant interventions and effective support
- Monitoring the impact of policies and the effectiveness of provision in the school and liaising with the Special Educational Needs governor
- Working with the Local Authority and external consultants to implement and monitor provision

### **Teaching and Non-teaching staff**

#### **The teaching and non-teaching staff will:**

- Be fully aware of the school's procedures for identifying, assessing and making provision for pupils with special educational needs.
- be aware of their responsibility to children with special educational needs as defined in the Teacher's Conditions of Service and Teacher Standards.
- Take into account the type and extent of difficulty experienced by the pupil when planning the curriculum and assessment.
- Take specific action to provide access to learning, for pupils with special educational needs and disabilities, working closely with representatives of other agencies who may be supporting the pupil, by:

- providing for pupils who need help with communication, language and literacy
- Planning, where necessary, to develop pupils' understanding through the use of all available senses and experiences
- Planning for pupils' full participation in learning and in physical and practical activities
- Helping pupils to manage their behaviour, to take part in learning effectively and safely
- Helping individuals to manage their emotions, particularly trauma or stress and to take part in learning

## **IDENTIFICATION AND ASSESSMENT**

Children may be identified as having special educational needs by one or more of the following:

Records from nurseries/other schools

Teacher observations

Parental concerns

Information (including medical information) from parents

Information (including medical information) from outside agencies

Foundation Stage Profile

Pupil progress reviews and the school tracking system

Checklists\*

targets for the year group

Standardised assessments

Information from screening tests

Progress against National Literacy and Numeracy Strategy Frameworks

National Curriculum level descriptions at the end of a key stage

PfA outcomes

Once a child's specific needs have been identified we will work with the relevant specialist support services to ensure we comply with all relevant accessibility requirements as soon as possible. There are four broad categories of SEND: **Communication and interaction** (such as autistic spectrum condition and language disorders) **Cognition and learning** (such as dyslexia, dyspraxia and dyscalculia, moderate learning difficulties and global development delay) **Social, emotional and mental health** (such as ADHD, ADD, attachment disorders, emotional difficulties, mental health difficulties) and **Physical and sensory** (such as hearing or vision impaired.)

Provision will be implemented using the following process:

- Assess
- Plan
- Do
- Review

This is an ongoing cycle to enable the provision to be refined and revised as the understanding of the needs of the pupil grows. This cycle enables the identification of those interventions which are the most effective in supporting the pupil to achieve good progress and outcomes.

The first level of support is School Support where interventions and support will be supplied within school.

The second level of support is SEND Support where outside agencies may be involved to support the child.

\*found at the end of the SEND policy

### **SPECIAL EDUCATIONAL NEEDS SUPPORT PLANS**

A Support Plan may be given to a child if it has been identified that they have SEND and to ensure the 'assess, plan, do, and review' cycle is effective. A support plan will give an overview of the child and their areas of strength and concerns. This will clearly identify the level of provision which may be; support within the classroom, work in small groups or in a 1:1 situation outside the classroom and will identify the outcomes the child will seek to achieve. Recently, we have developed a new support plan to ensure the children receive the best support possible. The support plan should have measurable targets with suggestions for activities. It is the responsibility of the class teacher to ensure the Support Plan is put into practice on a daily basis although all of the Support Plan may not be delivered by the class teacher but by support staff too. The Support Plan should be continually kept 'under review' but the SENDCO will review the Support Plan each term or sooner with the class teacher. A record will be kept of the discussion, targets met, any new/continuing concerns and action to be taken. Class teachers are responsible for discussing the child's progress with parents. They share progress and set new targets with the parents input for how they can assist their child at home.

When a class teacher or the SENDCO identifies a child with SEND, the class teacher will provide interventions that are additional to those provided as part of the school's usual differentiated curriculum. This will be called Support Plan. The triggers for intervention will be supported by evidence about a child who despite being provided with differentiated learning opportunities makes:

- Little or no progress, even when teaching strategies are targeted particularly in a child's identified area of weakness.
- Shows signs of difficulty in developing literacy or mathematics skills which result in poor attainment in some curriculum areas.
- Has sensory or physical problems, and continues to make little or no progress despite the provision of specialist equipment.
- Has communication and/or interaction difficulties, and continues to make little or no progress despite the provision of a differentiated curriculum.

The support plan will record only that which is additional to, or different from, the differentiated curriculum, focussing on up to three individual targets that match the child's need. These should be discussed and agreed with the child and the parents.

All staff working with the child should have a copy of the Support Plan. Parents should be sent two copies - one to sign and return and one to keep at home, to support the child in any way they can. The SENDCO will keep a copy of all support plans. All information concerning individual pupils registered on the Code of Practice is kept in individual files in the school office and in their portfolios.

When setting targets/reviewing Support Plans staff should have regard to the principles central to the Code of Practice:

- High quality teaching, differentiated for individual pupils regardless of the child having or not having SEND
- The child's strengths as well as difficulties should be considered when planning an intervention
- The SEND should begin with a desired outcome; include the expected progress and attainment as well as the views and wishes of the pupil and parents

- A clear date for reviewing progress should be agreed and the pupil, parents and teaching staff should be clear about how they will help the pupil reach the expected outcomes

### **Educational Health and Care Plans (EHCP)**

Only a very small percentage of children with SEND need an Educational Health Care Plan (EHCP) in order to get the right support and provision. An EHCP brings your child's education, health and social care needs into a single legal document. It will describe aspirations outcomes for the child, what support is needed to achieve these, who will provide the support and when it will be provided.

The first stage following a request for a statutory assessment for an EHCP is for an 'assessment planning meeting' to be arranged, usually by the school or setting. This approach means that the young person and their family are at the centre of the process. The review meeting looks at positive things about the young person, what is important to them, and what things are working well for them, as well as what isn't working well and what support and help is needed. At the end of the meeting, an action plan will have been created, which identifies actions to be taken by professionals, young person and family to help improve support and outcomes. Information about how to prepare and what to expect from the process will be provided. The action plan from the assessment planning meeting forms part of the information that is sent to a decision-making panel. This panel decides if a full statutory assessment is required. If the panel decides a full assessment is required, there will be further gathering of information or advice from all professionals before a support planning meeting is held. The EHCP will then be created by Together for Children in collaboration with the school, parents and outside agencies who support the child.

Once the EHC Plan has been completed and agreed, it will be kept as part of the pupil's formal record and reviewed at least annually by staff, parents and the pupil. The annual review enables provision for the pupil to be evaluated and, where appropriate, for changes to be put in place, for example, reducing or increasing levels of support.

### **The Ranges**

Together for Children produced new guidance for school in Sunderland to follow in Autumn 2019 regarding SEND - this document is called 'The Ranges'. This is a whole School Approach for students with SEND based on national best practice in determining needs of pupils. Using the document throughout school in Sunderland will give a consistent approach to assessing the children who have SEND needs within the local authority. The document provides guidance on Quality First Teaching (QFT) and the specific characteristics for effective provision for children and young people with SEND. This document states the most appropriate provision, interventions and resources that should be attempted at the first instance for support. In order to find the advice for effective provision teachers must 'range' the child using the range descriptors based on national best practice describing the needs of the child with SEND in order to identify the correct support.

The ranges document is organised into the different areas of need;

#### **SEND inclusion for EYFS**

- General information
- Cognition and learning
- Communication and interaction
- Social, emotional and mental health
- Sensory and/or physical

### **Primary and Secondary**

- General information
- Cognition and learning
- Communication and interaction ASD
- Communication and interaction Speech, language and communication
- Sensory and/or physical
  - hearing
  - visual
  - dual sensory
  - physical and medical
- Social, emotional and mental health

In school all teaching staff have been given training surrounding the ranges and use within the classroom. We have incorporated these on to support plans and on classroom planning so provision, intervention and adaptations are clear. This will ensure outcomes for children with SEND are to the highest standard throughout the school.

### **Preparation for Adulthood (PfA)**

This is a framework woven within the ranges document that suggests statements to shape learning to promote the development of independence for adulthood. Preparation for adulthood starts at the earliest stages of life. As these PfA outcomes are vital our EYFS curriculum reflects these values and outcomes which are identified within the threads of thematic planning. We have also used the PfA document within our curriculum plans to ensure that our curriculum best supports all learners including those with SEND. The PfA outcomes are useful for all children including those with SEND as the statements in the framework can be used to plan for next steps or outcomes. Using the PfAs to plan for outcomes is good practice and a useful tool however as children can have needs that span across several ranges and/or complex needs the whole PfA document will need to be scrutinised in order to plan a bespoke pathway of support for each individual child with SEND.

### **MONITORING PROCEDURES**

The Head teacher and SENDCO meet with each class teacher, on a rolling programme, to discuss the progress of each child experiencing any difficulties. To best monitor the outcomes and progress of children with SEND audits are taken on a half termly basis of special books, provision trackers and support plans. This is to ensure provision is SMART and appropriate. Staff may contact the SENDcO at other times to discuss the progress of any child causing concern. The SENDcO reports to the Trustees / Governing Body yearly.

A register of children with SEND is kept and regularly updated. The stage they are on the Code of Practices and the involvement of outside agencies is recorded. Children who are making the expected progress for their age are removed from the Code of Practice after discussions with their parents. The SENDcO meets with the SEND Link Governor to discuss special needs issues. The SENDcO regularly discusses the needs and progress of children with special needs with all staff working with them, including the Head teacher.

### **MONITORING CHILDREN'S PROGRESS**

The schools system for observing and assessing the progress of individual children provides information about areas where a child is not progressing as expected. Under these circumstances, teachers may need to consult the SENDCO

to consider what else might be done. This review may lead to the conclusion that the pupil requires help over and above that which is normally available within the particular class or subject. The key test of the need for action is evidence that current rates of progress are inadequate. Adequate progress can be defined in a number of ways.

It might be progress which:

- Closes the attainment gap between the child and their peers
- Prevents the attainment gap growing wider
- Is similar to that of peers starting from the same attainment baseline, but less than that of the majority of peers
- Matches or betters the child's previous rate of progress
- Ensures access to the full curriculum
- Demonstrates an improvement in self-help, social or personal skills
- Demonstrates improvements in the child's behaviour
- Falls significantly below age related expectation in Reading, Writing or Maths

### **PROVISION**

Children with special educational needs will have access to the full National Curriculum although special provision may have to be provided to enable this to take place. The class teacher remains responsible for working with the child on a daily basis and for the planning and delivery of an individual programme. The child may also receive access to a Learning Support Assistant for 1-1 work or small group work. Provision for children with special needs can take many forms within the school:

- One to one support with a designated Learning Support Assistant specifically employed to work with a child who has a statement of special educational needs
- Small group work within or outside the classroom with a TA or LSA
- Differentiated work within the classroom - including the amount/level of recording required
- Small group work outside the classroom with support staff (Intervention)
- Individual work with support staff
- Completing programmes of work set by outside specialists
- Completing programmes which have been purchased to meet a child's specific needs
- Use of specialist equipment/access to LEA/Health Authority support staff
- Appropriate training for staff

### **Provision mapping**

In order to track and monitor the impact of the provision children receive a provision map will be created. This will be updated when/if the provision needs to be updated, when the support plan is changed and/if the child's EHCP is reviewed. This will ensure that intervention, provision and support are measured by its impact and the cost monitored carefully for the budget.

### **LIAISON WITH PARENTS**

Parents should be involved in all stages of the assessment and identification procedure. No child should be placed on the Code of Practice for Children with Special Needs without the parents' knowledge. The SENDCO is available to support the class teacher or to meet with parents to discuss the child's difficulties. At the initial and subsequent meetings, parents will be asked to sign a form indicating the meeting has taken place.

Parents can give us much knowledge about the child which can inform us of possible reasons for difficulties (e.g. difficult birth, early hearing difficulties and family history of difficulties). Staff will also need to acknowledge that

it can be difficult for parents to be told their child is experiencing difficulties and treat the parents sympathetically and with understanding.

When meeting with parents, staff should complete the school's internal documents to record details of the discussion and decisions taken. These documents are necessary when referring a child for Formal Statutory Assessment and to inform outside agencies when working with a child. A copy should be retained by the class teacher and a copy given to the SENDCO.

### **LIAISON WITH OTHER SCHOOLS**

Liaison will take place with feeder Nurseries where a child has already been identified with special needs. The SENDCO will attend any SEND transfer reviews with feeder nurseries, the Child Development Unit and or children transferring from another Local Authority. Liaison takes place with Fulwell Junior School when a child transfers to Key Stage 2. Transition reviews for children with an EHCP or support plan take place before the end of the spring term or beginning of the summer term. Liaison will also take place if a child registered on the Code of Practice transfers to another school. We seek the records of any child transferring to this school from another school.

### **LIAISON WITH OUTSIDE AGENCIES**

At times, children with special educational needs require the support of/advice from specialist outside agencies. The SENDCO will coordinate this support and ensure adequate accommodation is available for the agencies to work with children / meet with staff.

All professionals involved with the child will be invited to attend reviews or supply an up to date report about the child's progress.

This will be essential if as a school we decide that a child needs specialist one to one support resulting in an application for an Education Health Care Plan.

### **LIAISON BETWEEN YEAR GROUPS**

When a child transfers to the next year group, the appropriate staff will meet to discuss the SEND child's particular needs, previous interventions, what works or doesn't work for the child and the next steps during the transfer all information. The SENDCO should also be given a copy of all relevant information.

### **Headlines from the 2014 Code of Practice**

- No more statements will be issued by the Local Authority (LA). Statements have been replaced by Education, Health and Care Plans (EHC Plans) which can be used to support children from birth - 25 years.
- School Support and SEND support have been replaced by one school based category of need known as School Action and School Action plus. All children are closely monitored and their progress tracked each term. Those at SENS are additionally tracked by the SENDCO.

There are four broad categories of SEND:

- **Communication and interaction** (such as autistic spectrum disorder and language disorders)
- **Cognition and learning** (such as dyslexia, dyspraxia and dyscalculia, moderate learning difficulties and global development delay)
- **Social, emotional and mental health** (such as ADHD, ADD, attachment disorders, emotional difficulties, mental health difficulties)
- **Physical and sensory** (such as hearing or vision impaired)

We have children in all these categories of SEN, and some children may have difficulties in more than one category. This may include children with a diagnosis as well as those with learning profiles consistent with the diagnosis.

- We strive to work closely with parents and children to ensure that we take into account the child's own views and aspirations and the families' experience of, and hopes for, their child. Families are invited to be involved at every stage of planning and reviewing SEN provision for their child.
- All children benefit from 'Quality First Teaching': this means that teachers assess, plan and teach all children at the level which allows them to make progress with their learning. In addition, we implement some focused interventions to target particular skills.

### **FOUNDATION STAGE**

In the Foundation Stage, once practitioners have identified that a child has special educational needs, the child should be registered at SEND and a SUPPORT PLAN formulated. If the intervention does not enable the child to make satisfactory progress the SENDCO will consider referral to an external agency for advice and support through the completion of a CAF. The LEA SEND department will decide if the child should be referred to other professionals for multi - agency advice.

### **TRIGGERS FOR ACTION IN THE EARLY YEARS**

The triggers for intervention in the Early Years could be concerns about a child who despite receiving appropriate early education experiences:

- Makes little or no progress even when teaching approaches are particularly targeted to improve the child's identified area of weakness
- Continues working at levels significantly below those expected for children of a similar age in certain areas.
- Presents persistent emotional and/or behavioural difficulties, which are not ameliorated by the school's behaviour management techniques.
- Has sensory and physical problems and continues to make little or no progress despite the provision of personal aids and equipment
- Has communication and/or interaction difficulties, and requires specific individual interventions in order to access learning.

### **TRIGGERS FOR ACTION IN THE EARLY YEARS WHERE ADDITIONAL SUPPORT IS REQUIRED**

A request for help from outside agencies may lead to a child being registered as SEND and a CAF being completed with parents which is sent to the Local Authority SEND unit.

The triggers for referral to an outside agency are that the child:

- Continues to make little or no progress in specific areas over a long period.
- Continues working at an early years curriculum substantially below that expected of children of a similar age
- Has social, emotional or mental health difficulties which substantially and regularly interfere with the child's own learning or that of the group, despite having an individualised behaviour management programme.
- Has sensory or physical needs, and requires additional equipment or regular visits for direct intervention or advice by practitioners from a specialist service.
- Has on going communication or interaction difficulties that impede the development of social relationships and cause substantial barriers to learning.

### **YEARS 1 AND 2**

The Code of Practice states:

"The key test of the need for action is evidence that current rates of progress are inadequate. There should not be an assumption that all children will progress at the same rate. A judgement has to be made in each case as to what it is reasonable to expect a particular child to achieve. Where progress is not adequate, it will be necessary to take some additional or different action to enable the pupil to learn more effectively. Whatever the level of pupils' difficulties, the key test of how far their learning needs are being met is whether they are making *adequate progress*."

The Code of Practice goes on to state adequate progress can be defined in a number of ways - for example it:

- Closes the attainment gap between the child and their peers
- Prevents the attainment gap growing wider
- Is similar to that of peers starting from the same attainment baseline, but less than the majority of peers
- Matches or betters the child's previous rate of progress
- Ensures access to the full curriculum
- Demonstrates an improvement in self-help, social or personal skills
- Demonstrates improvements in the child's behaviour

### **CROSS CURRICULAR ISSUES**

Children experiencing difficulty in acquiring basic skills may have difficulties in a number of areas of the curriculum e.g. reading text/ recording work. Staff should plan additional support/methods of recording for these children when necessary. Specialist equipment may be necessary for some children with special educational needs. When planning the layout of their classroom/ year group area, staff should take into account the needs of all children, including any with physical needs. A child's learning style (visual, aural, kinaesthetic) should be taken into consideration when planning activities.

### **ICT**

ICT has an important role to play in the education and management of provision for pupils with special educational needs. Children experiencing difficulties benefit from the use of ICT for recording and developing/consolidating skills. It is also useful for recording and tracking pupil progress.

### **RESOURCES/FINANCE**

The allocation of resources is linked closely to the allocation of the budget for special educational needs, within the main school budget provided by Together for Children. We provide resources for children with SEND using information gathered from provision maps.

The needs of each year group within the school and advice can be provided by outside agencies. Although much of the work with children with special educational needs will take place within the child's regular classroom, provision is also made for small group/individual work within a separate classroom or work area including the 'nurture room'.

### **INSERVICE TRAINING**

Staff members are encouraged to attend any relevant courses and disseminate information to the rest of the staff. Relevant qualifications held by staff are held centrally and the INSET Co-ordinator retains details of courses attended by staff. The SENDCO arranges In Service training by agencies when necessary e.g. Autism awareness or Makaton. The SENDCO will also take the lead on training within school when appropriate.

### **COMPLAINTS PROCEDURE**

Any parent or carer wishing to make a complaint about any aspect of their child's special needs identification or provision should at first seek a meeting with the class teacher. If they continue to have concerns they should then

contact the SENDCO or Head teacher. The Link Governor for SEND represents the Trustees / Governing Body in such matters and can be contacted via the school.

### **SEND at Fulwell Infant School Academy**

Inquiries about an individual child's progress should be addressed at first to the class teacher since he or she is the person who knows the child best. There is an SEND information report for parents on the website with further details for parents.

Other enquiries can be addressed to:

Jane Coates- SENDCO

Please make an appointment with the school office if you wish to speak to the SENDCO.

### **The Local Offer**

**The aim of the Local Offer is to support children and young people (ages 0 to 25) with SEN and disabilities to feel included within their communities and to be independent. It can help them to make choices and decisions that may have a positive impact now and into the future.**

The Local Offer contains information from providers who want to actively promote that they welcome disabled children and young people into their setting. You may be aware of other providers in your area that are not part of the Local Offer and you still may be able to access their services as every provider is legally required to make 'reasonable adjustments' to welcome your children.

You should contact each provider in order to ensure that they can offer the level of service you and your family need.

The Local Offer is not a guarantee that a particular service will be available, but should be a useful guide to what you can expect to find in your area and how you can access that service.

Link to Together for Children's Local Offer -

<https://www.togetherforchildren.org.uk/professionals/send-local-offer>

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### **Monitoring and Review**

This policy is monitored by the Trustees / Governing Body and SENDCO and it will be reviewed every year or earlier if necessary.

### **Ratification**

This policy was agreed and adopted by our Trustees / Governing Body \_\_\_\_\_

## APPENDIX

### CHECKLISTS:

- DYSLEXIA
- DYSPRAXIA
- AUTISM
- GLOBAL LEARNING DIFFICULTIES
- ADHD
- SPEECH AND LANGUAGE DIFFICULTIES

### RESOURCES

### USEFUL WEBSITES

## SOME OF THE EARLY SIGNS WHICH MAY SUGGEST A DYSLEXIC PROFILE

Taken from "Early Help Better Future" by Jean Auger (British Dyslexic Association)

Family history of similar difficulties	
May have walked early but did not crawl e.g./ bottom shuffler, tummy wriggler	
Persistent difficulties in getting dressed efficiently	
Persistent difficulty in putting shoes on the correct feet	
Unduly late in learning to fasten buttons or tie shoelaces	
Obvious "good" and "bad" days for no apparent reasons	
Enjoys being read to, but shows no interest in letters or words	
Often accused of not listening or paying attention	
Excessive tripping, bumping into things and falling over	
Difficulty with catching, kicking or throwing a ball	
Difficulty with hopping and/or skipping	
Difficulty with clapping a simple rhythm	
Later than expected learning to speak clearly	
Persistent jumbled phrases e.g. "tebby dare" for teddy bear	
Use of substitute words or "near misses" e.g. "lampshade" for "lamppost"	
Mislabelling e.g. knows colours but mislabels them e.g. "black" for "brown"	
An early lisp e.g. "duckth" for "ducks"	
Inability to remember the label for known objects e.g. table, chair	
Persistent word searching	
Confusion between directional words e.g. up/down; in/out;	

Difficulty in learning nursery rhymes	
Finds difficulty with rhyming words e.g. "cat" "sat" "mat"	
Finds difficulty selecting "odd one out" e.g. "cat" "mat" "pig" "fat"	
Difficulty with sequence e.g. coloured bead sequence - later days of the week, or numbers	
Quick thinker/doer but not in response to instructions	
Enhanced creativity - good at drawing, good sense of colour	
Aptitude for constructional or technical toys e.g. lego puzzles, computer keyboard	
Appears bright but an "enigma"	

**\* Not all dyslexic children experience all of the difficulties/strengths listed above. It is also important to note many young children make similar mistakes to dyslexic children. It is the *severity* of the trait, the *clarity* with which it is observed and the *length of time during which it persists* which gives the vital clues to identification.**

## DYSPRAXIA

Dyspraxia is a medical condition, mainly concerned with co-ordination although it has associated difficulties in several areas of development.

The following checklists can be used to decide if concerns need to be raised with the SENDCO who will then make a medical referral if necessary.

### SUMMARY OF BEHAVIOURS AT 3-5 YEARS

<b>Very high levels of motor activity</b> - feet swinging and tapping when seated, hand clapping or twisting, unable to stay in one place longer than a minute.	
<b>Very excitable</b> - voice loud and shrill, easily distressed, temper tantrums	
<b>Moves awkwardly</b> - constantly bumping into objects and falling, associated mirror movements, hands flapping when running or jumping, difficulty pedalling tricycle or similar toy.	
<b>Poor fine motor skills</b> -pencil grip, use of scissors, immature drawings	
<b>Poor figure-ground awareness</b> - no Sense of danger, jumps from inappropriate heights	
<b>Avoids constructional toys</b> - jigsaw puzzles, building blocks, Lego	
<b>Lack of imaginative play</b> - does not enjoy 'dressing up' or playing appropriately in home corner	
<b>Limited creative play</b> - isolated in peer group, rejected by peers, prefers adult company	
<b>Laterality still not established</b> - problems crossing mid - line	
<b>Language difficulties persist</b> - children often referred to speech therapist	
<b>Limited response to verbal instructions</b> - slower response time, problems with comprehension, limited concentration, tasks often left unfinished.	

<b>Continues to be messy eater</b> - often spills liquid from drinking cups, prefers using fingers to feed.	
<b>Sensitive to sensory stimulation</b> - dislikes high level of noise, dislikes being touched or wearing new clothes	

### SUMMARY OF BEHAVIOURS AT 5-7 YEARS

Problems adapting to a more structured school routine	
Difficulties evident in P.E.	
Slow at dressing - unable to tie shoelaces	
Handwriting barely legible	
Immature drawing including copying skills	
Limited concentration and poor listening skills	
Literal use of language - problems with articulation	
Remembers only 2 or 3 instructions	
Class work completed slowly	
Continuing high levels of motor activity	
Motor stereotypes - hand flapping or clapping when excited	
Easily distressed, very emotional	
Problems co-ordinating a knife and fork	
Unable to form relationships with peers - appears isolated in the class group	
Sleeping difficulties - wakes in the night and reports nightmares	
May report physical symptoms - migraine, headaches, feeling sick	

If a child has (or is suspected of having) dyspraxia staff should note the following points:

- Ensure eye contact is made before giving instructions
- Keep verbal information succinct when directing an activity and use visual clues whenever possible, reinforce several times

- Allow extra time, especially if the activity involves a motor skill component
- The child should be able to see the teacher without turning his/her body
- Use prepared recording sheets whenever possible to reduce the quantity of handwriting required
- Use lined paper with spaces sufficiently wide enough to accommodate writing
- Whenever possible provide a distraction free environment

## GLOBAL LEARNING DIFFICULTIES

The following, taken from the Sunderland SEND Handbook (and derived from Stycar and Sheridan Developmental Sequences), are examples of typical behaviours at certain ages and may help staff to identify children not reaching milestones. It must be remembered children's development is extremely varied and caution must be exercised when making judgements. If a child is gaining 6 or 7 skills in the next age range then a half - year could be added.

<b>2 YEARS</b>	
Runs on whole foot	
Walks up and down stairs two feet to step	
Builds tower of 6 cubes	
Imitates circular scribble	
Gives first name	
Talks continuously to self at play	
Puts two or more words together to form simple sentences, but much of speech unintelligible even to familiars	
Enjoys picture books naming objects on request	
Turns pages singly	
Puts on hat and shoes	
Uses spoon competently	
When drinking lifts and replaces cup without spilling	
Plays contentedly alone but likes to be near an adult	
Voices toilet needs	
Engages in simple make - believe play	

<b>3 YEARS</b>	
Stands on one (preferred) foot momentarily	
Goes upstairs with alternating feet. Downstairs two feet to a step	
Builds tower of 9 cubes	
Imitates (3 years) and copies (3.5 years) bridge of 3 cubes from model	
Copies circle, tries to copy cross. Can draw straight lines.	
Gives full name and gender	
Large vocabulary, but owing to infantile mispronunciations speech often unintelligible to strangers	
Picture vocabulary - identifies 6 well known pictures	
Can undress when fastenings undone and take self to the toilet	
Eats with a fork and spoon	
Understands sharing sweets and playthings. Joins in play with other children	
Begins to match primary colours	

<b>4 YEARS</b>	
Stands on 1 foot 3-5 seconds	
Hops on one foot	
Goes up and down stairs one foot to step	
Builds 3 steps with 6 cubes after demonstration or (sometimes) from a model	
Copies cross	
Names 4 primary colours	
Knows full name, age, gender, and (usually) address	
Speech wholly intelligible, shows only a few infantile substitutions	
Can select and identify many objects and pictures	
Can dress and undress alone except for back fastenings and laces	

Needs playmates of own age	
Understands taking turns	

<b>5 YEARS</b>	
Stands on 1 foot with arms folded 3-5 seconds	
Skips on alternate feet	
Builds 3 steps with 6 cubes from a model - sometimes 4 steps with 10 cubes	
Copies square ( 5 years) and triangle (5.5 years)	
Counts 5 fingers on 1 hand - touching	
Knows name age and address	
Speech fluent and articulation usually correct except for confusion of s/f/th sounds	
Small range of written words identified, generally by copying	
Dresses mainly without assistance, may need help with fastenings	
Washes and dries hands and face	
Has 1 or 2 friends	
Understands needs for rules in play and in the classroom	

## PROFILES FOR FEATURES OF AUTISM

Autism/Asperger's Syndrome is a medical diagnosis which cannot be made by school staff. The child however must display features from each of the areas below. The range and intensity of the features in each area may vary dependent on the child.

<b>SOCIAL INTERACTION - difficulties with social relationships</b>	
Lack of meaningful or limited use of eye contact, i.e. 'looking through' rather than 'looking at'	
Shared looking e.g. when the teacher says "Look at the book" the child <u>would not</u> instantly look to the book without additional verbal or physical prompts	
Obsessional scrutinising of anything e.g. particular objects, hands etc.	
Aloofness	
Initiation of contact - inappropriate/ repetitive/lack of	
Lack of spontaneous initiation of contact	
Difficulties in understanding non-verbal expression, particularly facial expression	
Difficulties in appropriately expressing their emotions through facial expressions e.g. inappropriate facial grimacing/smiling	
Difficulties with joint and shared attention e.g. desk top activities	
Lack of awareness and empathy of others needs/feelings	

<b>SOCIAL COMMUNICATION</b> -difficulties with verbal and non-verbal behaviour	
Pronouns, lack of use of I - confusion re: he/she	
Echolalia: immediate repetition	
Cause and effect: unable to make inferences such as understanding and use of why?/because	
Communication dominated by personal agendas e.g. obsessive talking about Thomas the Tank Engine	
Communication is a monologue not a dialogue, other communicator may have little or no effect on child's communication	
Lack of interpretation of others non-verbal communication	
Lack of awareness and empathy of others needs/feelings	

<b>PLAY</b> <b>MOTOR PLAY</b> - Difficulties in gross and fine motor co-ordination	
Demonstrates unusual and/or inappropriate movement/facial expressions e.g. jumping, flapping limbs, rocking, grimacing, springy tip-toe walk, spinning	
Difficulties in specific gross and fine motor skills e.g. during P.E. and writing	
Unaware of dangers to themselves and others in any situation, particularly play e.g. stepping off apparatus from a dangerous height.	

<b>PLAY</b>	
<b>IMAGINATIVE PLAY</b> - difficulties in the development of imaginative play	
Unable to functionally play with toys e.g. lining up cars etc, not using 'cars' as 'cars'	
Unable to play imaginatively, other than learned play	
Unable to differentiate between reality and imagination/pretend play e.g. wearing a Superman outfit means you can fly.	
Not developed creative 'let's pretend' play	
Focus on minor or trivial things around them e.g. playing with the wheel rather than the car	
Problems with structure and rules of games	
Unable to function effectively in a non-structured playtime	

<b>REPETITIVE AND COMPULSIVE BEHAVIOUR PATTERNS</b> -often demonstrating obsessions with particular objects, behaviours, resistant to change and focussing on these obsessions to the exclusion of everything else	
Rigid following of routines to expense of other priorities	
Desire to have predictable environments, routines and behaviours and/or desire to perpetuate known environment	
Irrational fears of objects or events	
Once routine is established inflexibility in accepting any change/ variation of people/environment	
Lack of generalisation of skills e.g. can understand use of light switch in classroom but not in other rooms.	
Extremes/inappropriate behaviour to changes/events	

Area of extreme expertise or skills	
Inappropriate/ repetitive meaningless actions	
Overly sensitive to sensory responses e.g. loud noises, textures	

## CHARACTERISTICS OF ATTENTION DEFICIT / ATTENTION DEFICIT - HYPERACTIVITY DISORDER

At present ADD or ADHD is a diagnosis, by a medical practitioner (usually a psychiatrist, psychologist, paediatrician, or neurologist) applied to children who consistently display certain characteristic behaviours over a period of time. It is not a diagnosis school staff can make. However, if staff has concerns that it may be the cause of a child's behaviour they should consult the SENDCO who, after consideration of the facts, meetings with parents and observations of the child may make a medical referral.

The most common behaviours fall into three categories: inattention, hyperactivity and impulsivity.

**Inattention** - they may give effortless, automatic attention to activities and things they enjoy. However, focussing deliberate conscious attention to organising and completing a task or learning something new is difficult.

**Hyperactivity** - they squirm in their seat or roam around the room. They may wiggle their feet, touch everything or noisily tap their pencil.

**Impulsivity** - they seem unable to curb their immediate reactions or think before they act. They may blurt out inappropriate comments. They may run into the street without looking. Their impulsivity makes it hard for them to wait for the things they want or to take their turn in games. They may grab a toy from another child or hit when upset.

It must be remembered that the above behaviours can be observed in most children from time to time.

Medical specialists will consider several critical questions: Are these behaviours excessive, long term and pervasive - do they occur more often than in other people of the same age? Do the behaviours occur in several settings or only in one place e.g. the playground? The child's pattern of behaviour will be compared against a set of criteria and characteristics of the disorder. There is no one single test to diagnose AD/HD. Staff may be asked by medical staff to complete a checklist

The following checklist may be useful when staff consider discussing a child with the SENDCO

The child is easily distracted by irrelevant sights and sounds	
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Fails to pay attention to detail and makes careless mistakes	
Rarely follows instructions carefully and completely	
Loses or forgets things for a task e.g. pencil, book	
Often restless, fidgeting with hands or feet, squirming	
Running, climbing or leaving seat in situations where sitting or quiet behaviour is expected	
Blurting out answers before hearing the whole question	
Having difficulty waiting in line or for a turn	
Does not appear to listen	
Has difficulty with organisation	
Avoids or dislikes tasks requiring sustained mental effort	
Is forgetful in daily activities	
Difficulty engaging in activities quietly	
Talks excessively	
Interrupts or intrudes upon others	
Acts as if driven by a motor	

## SPEECH AND LANGUAGE

Children may present with a number of speech and language difficulties. The Sunderland Speech and Language Therapy Team operate a "traffic lights" system for referral. The SENDCO holds the full document outlining when a referral is appropriate. However, the following guidelines may help staff to decide if there is cause for concern. If concerned, staff should discuss the possibility of a referral with the SENDCO.

Age (approx)	Sounds used within words	Description of speech
9 months - 2 years	P,b,m,n,t,d	<ul style="list-style-type: none"> <li>• Sounds at the ends of words missed off e.g. "ca" for "cat"</li> <li>• Parts of words are repeated e.g. "dada" for "daddy"</li> <li>• By 2 years words should be more recognisable</li> </ul>
2-3 years	As above plus k,g, ng, f, s, w, y,h	<ul style="list-style-type: none"> <li>• May still be missing sounds at the ends of words</li> </ul>
3-3 and a half years	As above	<ul style="list-style-type: none"> <li>• Should be producing the sounds at the ends of words, but may not be using adult sounds e.g. "dod" for "dog"</li> </ul>
3 and a half to 4 years	As above plus z,sh,v,l,ch,j	<ul style="list-style-type: none"> <li>• Sound blends may be reduced e.g. "seep" for "sleep"</li> </ul>
4-5 years	As above plus th, r	<ul style="list-style-type: none"> <li>• May continue to have difficulty with "th" and "r" e.g. "fumb" for "thumb" and "wed" for "red"</li> </ul>
5 years onwards	All sounds used	<ul style="list-style-type: none"> <li>• Most speech sounds used in words, but some minor errors may still occur</li> <li>• Errors should not greatly affect intelligibility</li> </ul>

**RECEPTION AND KEYSTAGE 1  
GUIDELINES FOR LANGUAGE REFERRALS**

UNDERSTANDING	EXPRESSION
<ul style="list-style-type: none"><li>• Difficulty following instructions independently</li><li>• Echoing back what is said without understanding</li><li>• Problems understanding question words (e.g. answers a "who?" question as if it were a "where?" question)</li><li>• Problems understanding and learning concepts (e.g. position/time)</li><li>• Poor or no ability to reason, infer and predict (e.g. during story time)</li></ul>	<ul style="list-style-type: none"><li>• Difficulty putting even simple thoughts into words</li><li>• Jumbled Sentences</li><li>• Frequent and obvious difficulty recalling words</li><li>• Over-reliance on familiar topics in conversation</li><li>• Not joining Sentences with words such as "and" and "because"</li></ul>

## EARLY LANGUAGE DEVELOPMENT GUIDELINES

<b>1 AND A HALF - 2 YEARS</b>		
<b>UNDERSTANDING</b>	<b>EXPRESSION</b>	<b>MONITOR</b>
<ul style="list-style-type: none"> <li>• Can point to a wide range of everyday objects on request</li> <li>• Performs simple actions when asked e.g. clap, dance, wave</li> <li>• Can follow simple instructions such as "put the cup on the table"</li> </ul>	<ul style="list-style-type: none"> <li>• Has a spoken vocabulary of 30 plus words (often with immature speech sounds)</li> <li>• May imitate much of what is heard</li> <li>• May start to make simple 2 word combinations e.g. "bye bye daddy", "more juice"</li> </ul>	<ul style="list-style-type: none"> <li>• If unable to follow simple instructions</li> <li>• If using less than 15 words</li> </ul>
<b>2 - 2 AND A HALF YEARS</b>		
<b>UNDERSTANDING</b>	<b>EXPRESSION</b>	<b>REFER</b>
<ul style="list-style-type: none"> <li>• Follows simple short stories</li> <li>• Responds to 2 words in an instruction without clues e.g. "give teddy the cup"</li> <li>• Can select pictures showing everyday actions e.g. sleeping/running/was hing</li> </ul>	<ul style="list-style-type: none"> <li>• Uses a wide range of 2 word combinations and some 3 word SENDtences.</li> <li>• Uses more action words e.g. sleep, run, play</li> <li>• Begins to ask simple questions e.g. "what that?" "where Daddy?"</li> </ul>	<ul style="list-style-type: none"> <li>• If not understanding instructions without clues such as routine or gesture</li> <li>• If not putting words together</li> <li>• If not responding to simple questions appropriately</li> </ul>
<b>2 AND A HALF - 3 YEARS</b>		
<b>UNDERSTANDING</b>	<b>EXPRESSION</b>	<b>REFER</b>
<ul style="list-style-type: none"> <li>• Can select an object/picture by function e.g. "which one do we</li> </ul>	<ul style="list-style-type: none"> <li>• Uses 3 plus words together including a range of action words</li> </ul>	<ul style="list-style-type: none"> <li>• If not following simple conversations</li> <li>• If still echoing</li> </ul>

<p>eat"</p> <ul style="list-style-type: none"> <li>Understands simple prepositions in, on, under, behind and adjectives such as big, little</li> </ul>	<ul style="list-style-type: none"> <li>Can refer to self and others using pronouns (e.g. me, I, you etc)</li> <li>Asks more questions including why and when</li> </ul>	<p>much of what is heard without appearing to understand</p> <ul style="list-style-type: none"> <li>If not using short sentences</li> </ul>
3-4 YEARS		
UNDERSTANDING	EXPRESSION	REFER
<ul style="list-style-type: none"> <li>Can respond to 3-4 keywords in an instruction e.g. "give <u>teddy</u> the <u>big cup</u> " "put the <u>spoon</u> <u>under</u> the <u>plate</u></li> <li>Has some idea of past, present and future</li> </ul> <p>Responds appropriately to everyday conversation</p>	<ul style="list-style-type: none"> <li>Uses longer sentences, but these may not yet be grammatically mature</li> <li>Asks frequent and more complex questions</li> <li>Will tell simple stories</li> </ul>	<ul style="list-style-type: none"> <li>If not following conversation and/or instructions</li> <li>If using sentences of less than 4 words</li> <li>If</li> </ul>

## GUIDELINES FOR OBSERVATION OF COMMUNICATION SKILLS

- Appropriate interactive eye contact
- Appropriate use of shifting eye gaze from adult to object and back again
- Appropriate use of gestures and facial expressions to indicate emotions and request/demand
- Appropriate use of pointing to share interest and to identify
- Appropriate response to others' language
- Appropriate interest in what others' have to say
- Appropriate use of language to gain attention, request an object/toy/food, request information e.g. "what's that", greet, comment, ask questions e.g. who, what, when, where why, recall events and stories, share information and enjoyment
- Appropriate turn-taking in conversations
- Appropriate interest in a variety of topics but also able to talk on a topic chosen by another person
- Appropriate verbal interaction with other children including arguing, banter and jokes
- Appropriate ability to interpret and use emotions
- Appropriate understanding and use of tone of voice
- Appropriate interest in what's happening around them

## USEFUL WEBSITES

### AUTISM/ASPERGERS SYNDROME

[www.autism.org.uk](http://www.autism.org.uk)

[www.autism.org.uk/asperger](http://www.autism.org.uk/asperger)

[www.aspergerfoundation.org.uk](http://www.aspergerfoundation.org.uk)

[www.nas.org.uk](http://www.nas.org.uk)

[www.bbc.co.uk/medicalnotes-autism](http://www.bbc.co.uk/medicalnotes-autism)

### DYSLEXIA

[www.bda-dyslexia.org.uk](http://www.bda-dyslexia.org.uk)

[www.dyslexia-inst.org.uk](http://www.dyslexia-inst.org.uk)

### DYSPRAXIA

[www.dyspraxiafoundation.org.uk](http://www.dyspraxiafoundation.org.uk)

### ATTENTION DEFICIT/HYPERACTIVITY DISORDER

[www.nimh.nih.gov](http://www.nimh.nih.gov)

[www.chadd.org](http://www.chadd.org)

### DEAFNESS

[www.ndcs.org.uk/](http://www.ndcs.org.uk/)

[www.nhs.uk/conditions/Hearing\\_impairment](http://www.nhs.uk/conditions/Hearing_impairment)

[www.deafnessresearch.org.uk/](http://www.deafnessresearch.org.uk/)

[www.actiondeafness.org.uk/](http://www.actiondeafness.org.uk/)