

# Academy of Woodlands

## SEND Handbook

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# Message from the SENDCo...

## Academy of Woodlands SEND Statement July 2022

At the Academy of Woodlands (AOW) we are committed to ensuring that every child achieves to their full potential, including those children with Special Educational Needs and/or Disabilities (SEND).

‘Inclusion and participation are essential to human dignity and to the enjoyment and exercise of human rights.’

The Salamanca Statement and Framework for Action on Special Educational Needs, 1994

Children at AOW are fully included and supported with their peers. As part of High-Quality Teaching, reasonable adjustments are implemented to ensure every child has access to all learning; for example, curriculum differentiation, visual resources, physical support such as wobble-cushions, pen grips and overlays.

We understand that as a result of a disrupted education, due to the pandemic, many children have had their mental health and wellbeing affected. Here at the Academy of Woodlands, we strive to fully support all children to feel comfortable and safe while at school. This is a priority, as we know that children will only learn to their full potential if they are happy and feel supported. We have noticed that there is an increasing need to support children with their social and emotional development at AOW; to support this need, we have opened a space (Swans nurture provision) where children can access interventions to support their mental health and wellbeing. We will teach them to recognise and be able to regulate their own emotions and have empathy for others. By ensuring our children are ‘ready to learn’ there is likely to be greater success in the children fully accessing the learning curriculum and being fully integrated into classroom life with their peers.

We have worked hard this year to develop our SEND Register to ensure those children with SEND are supported accordingly and their needs are met. Termly pupil progress meetings are held to discuss the progress and attainment of all children; for those children who are not making expected progress we plan interventions. Across our school we offer access to an extensive range of targeted research-based interventions which are used to support children to make accelerated progress; these are measurable and have a proven impact. All staff will be regularly trained to deliver interventions ensuring they are confident and knowledgeable in the delivery of these.

School Based Support Plans (SBP) ensure that identified children are given SMART targets to support their progress. Teachers, Parents/Carers and the child are all involved in the target setting process. This has been an invaluable tool to ensure that the support of individual children is regularly monitored, and that further intervention can be implemented and backed with evidence if necessary. School Based Support Plans support the application for Statutory Assessment when an Education, Health and Care Plan (EHCP) is deemed necessary.

Our aims moving forward into the academic year starting September 2022 are:

- A regular cycle of training and monitoring for all teaching staff to ensure that all children are provided with an inclusive education that is tailored to suit their individual needs.
- All staff aware of systems in place to support children with SEND and use these effectively to provide support or gather evidence.
- Parents and pupils will continue to be fully involved in target setting and feedback.

- A reduction in the number of children being highlighted as having a SEN, due to the speed of identification, support and interventions available in school to support those who need it.

## Abbreviations & their meanings

Throughout this document you may come across abbreviations, please see the chart below that gives the meaning to those abbreviations

AAC	Alternative or augmentative communication (a means of communication without using speech)
ABA	applied behavioural analysis (a strategy used by some therapists to support children with autism)
ADHD	attention deficit hyperactivity disorder
ADOS	autism diagnostic observation schedule (a means of assessment for autism) ASD (or ASC) - autism spectrum disorder or autism spectrum condition
ASD/C	Autism Spectrum Disorder/Condition
BSL	British sign language
CAMHS	child and adolescent mental health service
CBT	cognitive behaviour therapy (a type of therapy used to help reduce anxiety or depression)
DLA	disability living allowance (a non means tested benefit for children who require extra care)
EAL	English as an Additional Language
ED. P	educational psychologist
EHCP	education and health care plan (English education plan for children with additional needs)
GDD	global developmental delay (developmental delay in three or more areas)
HI	hearing impaired
LAC	Looked After Child
MLD	Moderate Learning Difficulty
MSI	Multi-Sensory Impairment
MYPWS	Medway Young People Wellbeing Service
NEET	Not in Education, Employment or Training
NELFT	North East London Foundation Trust (Providers for CAMHS/MYPWS)
NT	neurologically typical (not having autism)
SBP	School Based Plan
SEMH	Social, Emotional and Mental Health
SEN/D	Special Educational Needs and/or Disabilities
SLCN	Speech Language or Communication Need
SpLD	Specific Learning Difficulty
OT	occupational therapist
PCAR	Person Centred Annual Review
PDD	pervasive developmental disorder
PDA	pathological demand avoidance (a particular type of autism)
PECS	picture exchange communication system (a means of communication using visuals)
PD	Physical Disability
PIP	personal independence payment (adult equivalent to DLA)
PMLD	Profound and multiple learning difficulty
PPG	Pupil Premium Grant
PRU	Pupil Referral Unit
SENCO	special educational needs co-ordinator (England only)
SEND	special educational needs and disabilities

# SEND Need descriptors

Need type:	Example:
Specific Learning Difficulty (SpLD)	Dyslexia, dyscalculia and Dyspraxia
Moderate Learning Difficulty (MLD)	<p>Pupils with moderate learning difficulties will usually have cognitive ability and/or attainment levels at or below the second percentile, that is, significantly below expected levels in most areas of the curriculum, despite appropriate interventions.</p> <p>Pupils with MLD 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 under-developed social skills.</p>
Severe Learning Difficulty (SLD)	<p>Pupils with severe learning difficulties have very significant intellectual or cognitive impairments. Their cognitive and/or attainment levels are normally at or below the 0.01 percentile. This has a major effect on their ability to participate in the school curriculum without support.</p> <p>Pupils with SLD may also have difficulties in mobility and co-ordination, communication and perception and the acquisition of self-help skills. They will need support in all areas of the curriculum. They may also require teaching of self-help, independence and social skills. The majority remain dependent on adults for all aspects of their care. Some pupils may communicate through use of sign and symbols but most will be able to hold simple conversations.</p> <p>Their attainment levels may be expected to remain at or below Level 1 of the National Curriculum for much of their school careers.</p>
Social, emotional and mental health difficulties	<p>Pupils with SEMH difficulties may find it difficult to meet expectations in school and in some, but by no means all cases, may disrupt the education of others. Such difficulties may result, for example, from abuse or neglect, physical or mental illness, sensory or physical impairment, a specific learning difficulty or psychological trauma.</p> <p>SEMH difficulties may be associated with frustrations resulting from other learning difficulties. Pupils with SEMH difficulties cover the full range of ability and continuum of severity. At the milder end of the continuum, pupils may have difficulties with social interaction and find it difficult to work in a group or cope in unstructured time. They may have poor concentration, temper outbursts and be verbally aggressive to peers and adults. Other pupils may display similar signs of low esteem, under achievement and inappropriate social interaction, but without outwardly challenging behavioural outbursts. They may be withdrawn, quiet and find it difficult to communicate.</p>
Speech, Language or Communication Need	<p>Pupils may have specific language impairment which is not typical of their other abilities. Linguistic difficulties may also be associated with developmental delay or learning difficulties. Pupils in this category may have difficulty in understanding and/or making others understand information conveyed through spoken language. Their articulation may be poor or unintelligible and/or they may have a severe stammer. Pupils with language impairments find it hard to understand and/or use words in context. They may use words incorrectly with inappropriate grammatical patterns, have a reduced vocabulary or find it hard to recall words and express ideas.</p>
Autistic Spectrum Disorder (ASD)	<p>Pupils with autism will have difficulties with understanding and using non-verbal and verbal communication; understanding social behaviour, which affects their ability to interact with children and adults; and thinking and behaving flexibly, which may show in restricted, obsessional or repetitive activities.</p>
Visual Impairment (VI)	<p>Visual impairment refers to a range of difficulties from minor impairment through to blindness. Pupils with visual impairment cover the whole ability range. For educational purposes, pupils are considered to be visually impaired if they require adaptations to their environment or specific differentiation of learning materials in order to access the curriculum.</p>

Hearing Impairment (HI)	Pupils with a hearing impairment range from those with a mild hearing loss to those who are profoundly deaf. They cover the whole ability range. Some children are born deaf while others may become deaf later on due to, for example, an illness. The most common type of deafness is conductive deafness. Sensori-neural or nerve deafness is the other main form of deafness while 'mixed deafness' or a combination of both may occur. For educational purposes, pupils are regarded as having a hearing impairment if they require hearing aids, adaptations to their environment and/or particular teaching strategies in order to access the concepts and language of the curriculum.
Physical Disability (PD)	There is a wide range of physical disabilities affecting pupils within the whole ability range. Some pupils are able to access the curriculum and learn effectively without additional educational provision. They have a disability but do not have a special educational need. For others, the impact on their education may be severe. Examples are: Cerebral palsy (CP) Spina bifida and/or hydrocephalus (SBH) Muscular dystrophy (MD)

## Hints & Tips for supporting pupils with....

### Language difficulties



#### Underlying difficulties

- May reflect underlying difficulty with memory and/or hearing or reflect early environmental factors/experiences or be part of a more general delay.
- Many pupils with language delays or learning disabilities once diagnosed are told they have 'processing delays'. This refers to the time it takes for the pupil to process information from text, from oral information or to decipher vocabulary.
- They often have the language skills to comprehend but require additional time to determine meaning.
- They often have language comprehension ability lower than their same age group.

#### Some initial strategies:

- When presenting information, make sure you are engaging the pupil, establish eye contact.
- With very young pupils with delayed speech - model carrying out the task alongside them and verbalise what you are doing.
- Use lots of visual support for language: Signalong, visual cards etc.
- Demonstrate as you explain: modelling process, outcome etc.
- Break sentences/instructions up into small chunks, allow 'take up time,' 10 seconds - it's longer than you would think!
- Repeat, if necessary, but don't rephrase unless initial instruction was confusing, or have the pupil repeat them for you.
- Pre-teach key vocabulary/themes to identified pupils don't presume identified pupils understand new vocab, they may not have the same experiences as other pupils. Use concrete materials to support new learning concepts.
- Consider how tray/resource boxes are labelled. Are they varied in form of symbolic dev?
- Older pupils develop their language skills through peer modelling of language - place with a linguistically more able pupil as a 'talk partner'

## Attention Deficit Hyperactivity Disorder (ADHD)

### Underlying difficulties

- May show inattentiveness, hyperactivity or impulsiveness or a mix of these.
  - May have other cognitive related difficulties such as learning difficulties, Dyslexia etc.
- Positives - can be enthusiastic and energetic, often natural leaders.

### Some initial strategies:

- Environment - not too busy and stimulating
- Seating - not in direct view of door, or window if frequent distraction outside.
- Avoid seating next to other distractible pupils
- Legitimate fidget toy (Blue-tac, fiddle toy etc.)
- Ear defenders
- Move n sit cushions
- Privacy boards or use of screens to limit visual distraction
- Short contrasting tasks - each within pupil's concentration span
- 'Attention trackers' or substitutes e.g. timers
- Try giving 2 contrasting tasks to complete within set time.
- Visual task board (This/then cards)
- Often focus best in visual and kinaesthetic tasks
- Legitimate opportunities to move around, e.g. give out books
- If on medication, try to plan easier-to-manage tasks for when medication is wearing off



## Autism Spectrum Disorder (ASD)

*All pupils with autism have difficulty in 3 areas:*

- Language and communication*
- Flexibility of thought (imagination)*

*Many pupils with ASD have Asperger Syndrome. As well as the above, they may have motor difficulties, organisational difficulties, sensory issues and experience very high levels of anxiety.*

### Underlying difficulties

- Often can be very focused on certain areas of interest (often described as obsessive traits)
- Usually prefer working with facts - greater difficulty with imaginative and creative work
- May not cope well with using different methods for same task
- May not see point of showing their working in maths
- Difficulty with concept of homework - work is what you do in school not at home.
- Difficulty in social situations and group working

### Some initial strategies:

- Establish good communication with parent/carer early on.
- Rituals and routines aid security and reduce anxiety - allow for these!
- Visual timetable -class and personal for day, sessions. This/then cards increases security
- Prepare for any changes well in advance - visual timetable - especially school trips, sports days, supply teacher coming in, inform parents so they can prepare at home.
- Be careful about what is implied and make it explicit
- Awareness of language used: ASD pupils can be literal
- Show example of finished task. Clear instructions where to begin and end.
- To start with, set 'Factual' topics as homework or closed, rather than open ended tasks.
- Imaginative writing - use 'scaffolding techniques' / visual planning sheet.

## Developmental Coordination Disorder (Dyspraxia)

*Dyspraxia often exists alongside ASD and quite often alongside Dyslexia*



### Underlying difficulties

- Gross and/or fine motor difficulties
- Associated difficulties with personal organisation, awareness of time, planning, structuring work,
- Prone to low self esteem
- May work better in language-based tasks

### Some initial strategies:

- May benefit from wedge cushion, raised board, adapted pen for writing (Stabilo pen/S pen)
- Likely to work better on a laptop - helps organisation as well as handwriting
- Avoid copying from board
- Use task management board to aid planning and progression through task.
- May need support for self esteem
- Visual support cards for organizing personal items for school, home, day out etc.
- Reminders of time left for a task or visual timer on desk
- Writing frames, clear structure layout for learning
- Examples given of expectations of layout of work
- Bold lines in writing books
- Personal copy of what is displayed on the board

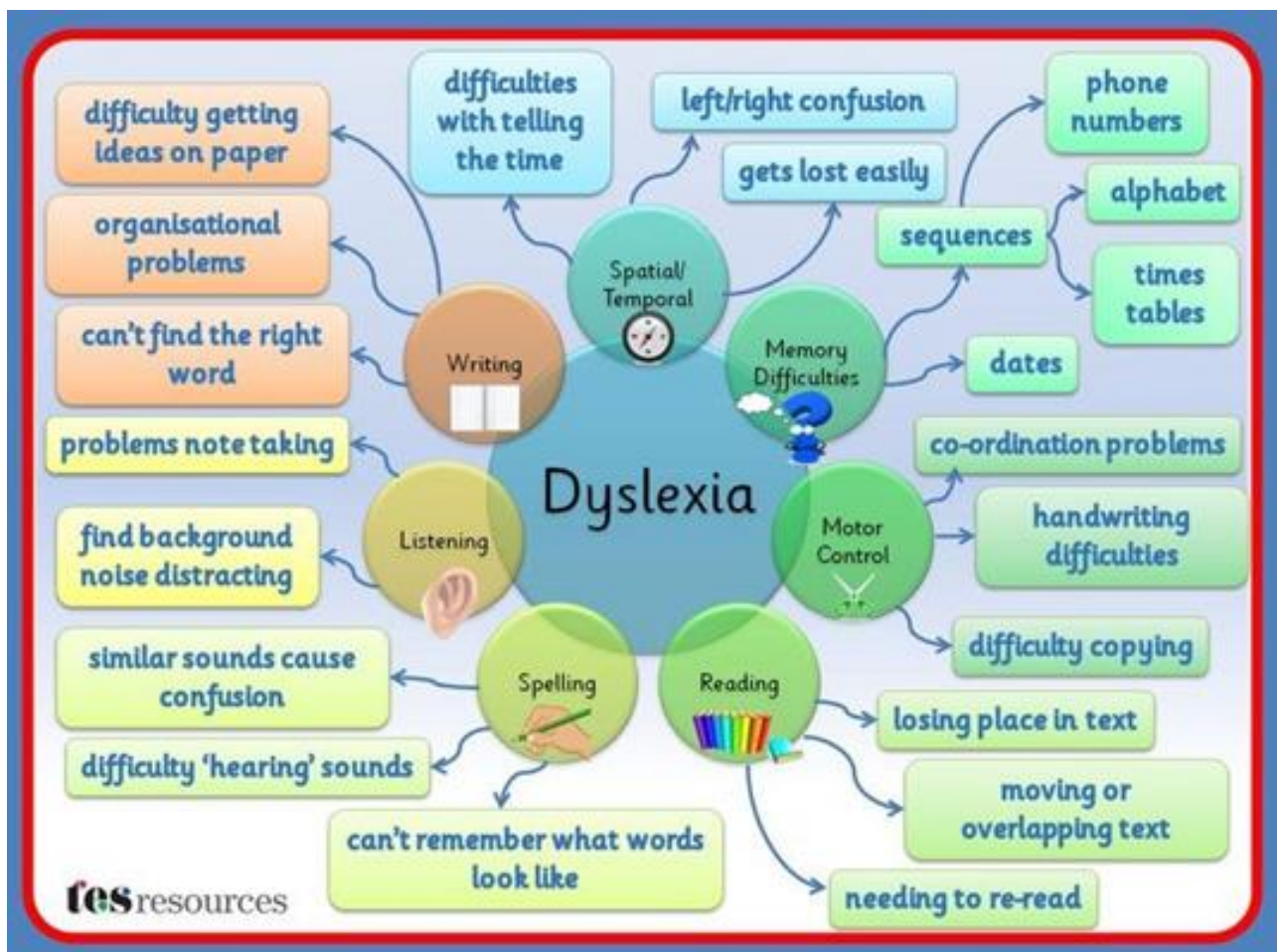
***Your class may contain pupils with Language difficulties, Dyslexia, Developmental Coordination Disorder, ADHD and Asperger Syndrome, not to mention others with no known 'label' who seem to have some of the mentioned difficulties... Where do you start?!***

There is lots of overlapping needed within these groups and similar strategies emerge to deal with them. Many of the strategies put in for one group will help a lot of other pupils too. Much of it is High Quality Teaching for all pupils.

**In class strategies:**

- Use motivators for whole class and individuals
  
- If an undesirable behaviour is repeated and is becoming persistent, ensure a support plan is written and agreed with the parents and staff. Ensure all adults working with the pupil know the plan and adhere to it
  
- Classroom structure and organisation that is clear and enabling to the pupil
  
- Think carefully how you word instructions. How much information can they take on board at a time? Repeat an instruction where needed, but do not rephrase (unless original was misleading). Support with visuals
  
- Vary the pace - keep the attention of your ADHD and generally able pupils by maintaining a good pace, but chunk information and pause to allow processing time and reflection (pupils with Dyslexia, DCD and Asperger Syndrome all need longer to process language)
  
- Use plenty of visual and kinaesthetic support for learning - even with older pupils- including manipulatives in maths
  
- During whole class carpet time teaching/learning: allow for kinaesthetic learning, e.g., white boards for note making, working out maths problems, turn to partners and work out answers, processes etc.
  
- Use of colour is a powerful aid to memory (Colourful Semantics)
  
- Incorporate Visual, Auditory and Kinaesthetic (VAK) elements into each lesson/task, so that each pupil can use their stronger channels to support their weaker ones
  
- Aim for all pupils to learn to work confidently across a range of thinking skills and ways of recording their understanding. Remember we all need to retreat into our comfort zone and preferred ways of working at times

# Dyslexia



Though each person with a learning difficulty such as dyslexia is unique and the way their dyslexia manifests varies, there are key themes that are common for dyslexic pupils. These include difficulties with memory, reading, writing, oral communication and processing information. All these difficulties are challenged during a school day, causing anxiety and low self-esteem, making learning even more difficult.

By creating a dyslexia-friendly classroom, you help reduce the barriers to learning, providing pupils with the opportunity to learn at faster rates and participate effectively with other pupils in the same classroom.

## Dyslexia-friendly classroom checklist

1. Use visual aids. By providing pupils with oral, pictorial and written activities around your lesson, you increase their ability to remember and engage. By combining visual, audio, and written communication skills, you improve memory retention and build connections between the three communication methods they may struggle with when presented in isolation.

2. Avoid rote-learning. Dyslexic pupils generally may have slower word retrieval and take longer to name well-known objects. Slower retrieval often means they cannot offer speedy contributions in a classroom setting, even if they know the answers. Avoid rote-learning exercises such as times tables that require pupils to connect oral communication skills and memory. Pupils with dyslexia may have better visual memory skills so instead, focus on story-based activities that improve memory retention and encourage alternative communication methods like visual presentations and discussion. Ask pupils to imagine what something looks like in their heads and describe it to help with retrieval.
3. Speak more slowly and in simpler sentences. Listening and processing spoken words at speed is a challenge for pupils with processing difficulties, particularly if they need to remember what you are telling them.
4. Use dyslexia-friendly fonts. Use San Serif fonts like Arial and Open Sans or fonts specifically designed to support people with dyslexia. These fonts are easier to read and help prevent letters mirroring and swapping when read. Also avoid using italic and underlining words and sentences as doing so can make letters blend
5. Avoid forcing children to read in front of the whole class if they do not feel comfortable doing so. Reading aloud well requires linking sounds with words, which can be particularly difficult. Instead, encourage either silent reading or paired reading where there is less pressure unless a pupil volunteers to do so.
6. Provide a clear line of sight for non-verbal communication. Pupils with dyslexia will rely more heavily on non-verbal communication and visual clues to understand what they are being taught. Sit dyslexic pupils nearer the teacher so they can pick up on the non-verbal communication.
7. Provide memory clues like common words and numbers lines as these cut down on having to rely on memory and therefore the pupil is more likely to be able to focus on the lesson content.
8. Schedule natural breaks. It can be tiring and overwhelming. A pupil with dyslexia is more likely to experience visual stress so you may need to build in breaks from staring at a screen or at written material. Build in natural breaks to your lesson plan where pupils can think or interact with the lesson in a creative way.
9. Encourage alternative methods of communication including mind maps, drawings, sound pegs and presentations. This gives pupils the opportunity to show their knowledge without being hindered by their reading and writing ability.
10. Mark based on content. Consider marking the content of the work and their spelling and grammar separately. Praising pupils for their comprehension of the topic will help them build self-esteem.

## Dyslexia-friendly classroom - What could we do that makes a difference, in a way which is manageable?

### WORKING MEMORY

Giving a child the appropriate amount of information they can process...

'Offload' the amount of info they have to keep in mind e.g. use a task board, write instructions down, Talking Tin

Use visual modelling and illustrations to support understanding of tasks

Break tasks into small chunks / stages

Using a simple recording device (e.g. Easi Speak; Talking Tiles) to record own thoughts, & play back to write

PAUSE to process verbal information (5 second waiting rule).

Be mindful of distractions e.g. noise levels, that impact on concentration

### RECORDING WORK

To support a child to demonstrate their understanding, we can...

Teach CYP to use alternative forms of recording e.g. Clicker, Speech-To-Text software, develop Touch Typing skills

Use a range of approaches to present evidence of learning, such as mind maps, flow chart, bullet point, diagrams, video / audio presentation

Stick work into book

Minimise copying from the board

Use ICT, word-processing, tablets, IT writing packages such as Clicker 8

Scribe work

### EMOTIONAL SUPPORT

To ensure a child feels included, confident, and happy we can...

Adapt the task so that literacy difficulties do not limit learning

Find enjoyable texts e.g. Project X, comics, read-a-long audio books

Confidence: read to younger children

Encourage CYP voice - ask what helps (& what doesn't)

Mark content not spelling / use Positive Marking approaches

Find and nurture their strengths

Focus on effort over achievement

### TIME

To accommodate slower processing speed, we can...

Remove time as a barrier

Set short achievable tasks

Ensure losing break times is not used as a consequence for not completing work

Allow more time for a task

Allow time to think

Ensure homework has a time limit / not to task completion

## REINFORCE VOCABULARY

To ensure a child can understand what has been said, we can...

Key words & concepts are displayed in the classroom & referred to during lessons.

Pre-teach vocabulary e.g. using PAVE procedure

Give key vocabulary on word mats

## WRITING

To support a child to share their ideas in written form, we can...

Support is given to physical act of writing, i.e. writing slope, finger-spacer, handwriting paper

Tasks are supported & scaffolded, i.e. visual planning, story board, sentence starters, writing frames, word mats

Consider pencil grasp & hand strength

Use ICT to support written work

Teach the CYP at least one spelling strategy, ensure strategies are used and referred to in class

Allow more time, expect less in terms of quantity

## PRESENTATION

In order for a child to access the lesson, we can...

Consider font, sizing & use bold to highlight keywords

Use clear & concise text; try coloured whiteboard / paper

Use bullet points, numbering, flow charts, text boxes, flow chart, diagrams, colour code information

Consider seating position to be able to clearly see the whiteboard, and your demonstrations

## READING

To support a child to access written texts, we can....

Address these difficulties with a suitable reading intervention

Allow CYP the right to pass, e.g. don't read aloud

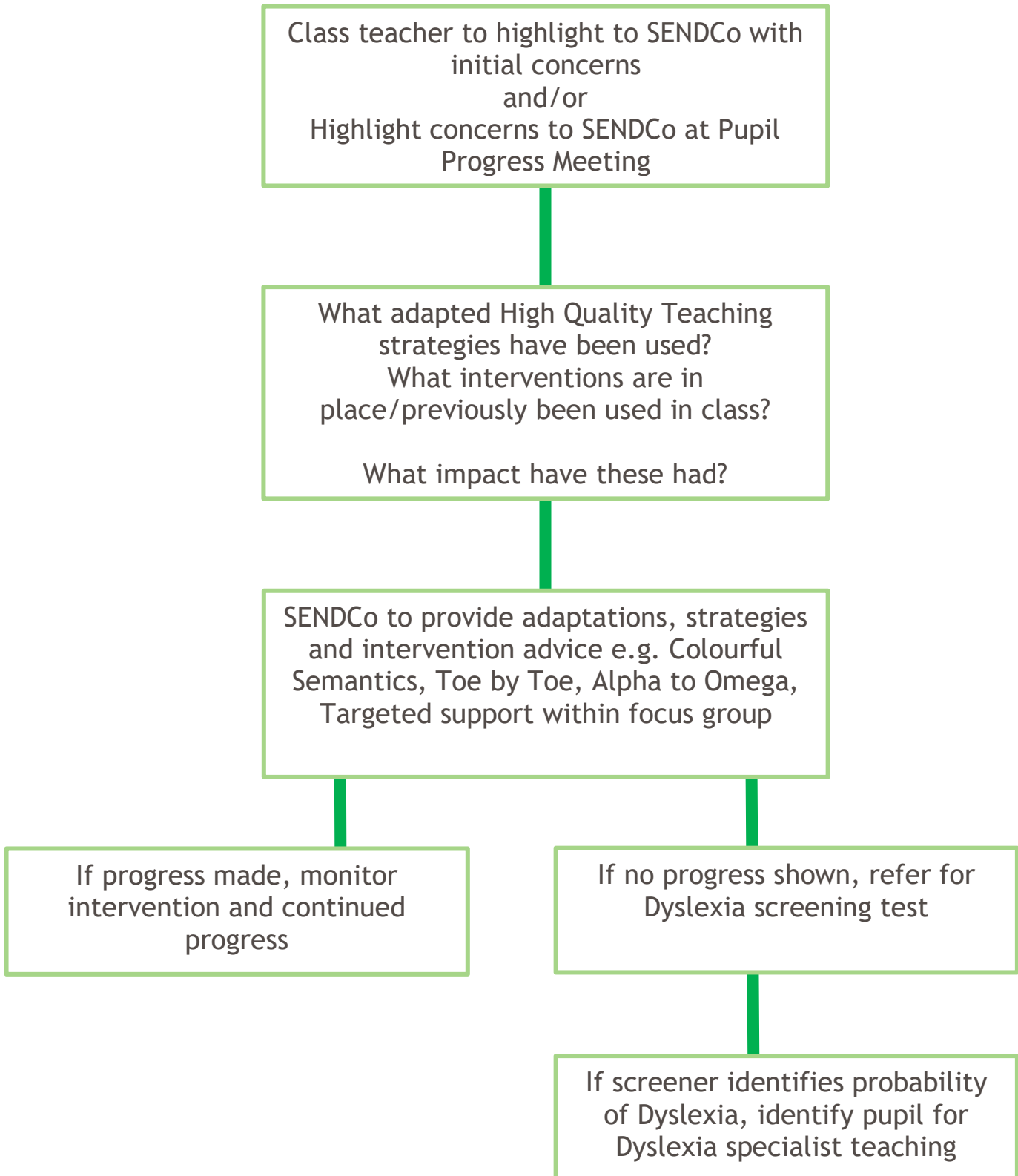
Explore assistive technology, i.e. text to speech (TTS), e.g. reading pens (not to be used as an alternative to a literacy programme)

Offer audio books

Encourage paired reading

Check suitability of text - aim for 90-95% accuracy level

## SEND flow chart for supporting pupils with Dyslexia



# Learning Mentor

We have our school Learning Mentor who is also the school's Senior Mental Health Lead. Research indicates that taking a coordinated and evidence-informed approach to mental health and wellbeing leads to improved emotional health and wellbeing in children and young people, and greater readiness to learn. Schools and colleges that have taken this approach often report improved attendance, attention, behaviour and attainment.

We have two members of staff who are trained as an Emotional Literacy Support Assistant (ELSA). ELSAs are members of the team who have received training from educational psychologists to support the emotional development of children and young people in school. ELSAs have regular professional supervision from educational psychologists to help them in their work. Our ELSAs see children 1:1 for up to an hour each week to support individual needs. Our two ELSAs have designated age ranges to work with; one predominantly works with children in our Early Years and Foundation Stage (EYFS), whilst our other ELSA supports those in Key Stages 1 and 2.

Our Learning Mentor is trained to deliver Drawing and Talking sessions. This is a therapeutic intervention for children and is designed as a short-term, pro-active intervention intended to complement, rather than replace, the work of Specialist Mental Health Services. Through a 12-week cycle of sessions, this non-intrusive tool allows children and young people to bring what they need to their sessions. Utilising drawing as a way to help them express their feelings differently in ordinary verbal language. The Drawing and Talking therapeutic approach allow individuals to discover and communicate emotions through a non-directed technique.

We also have Dottie the Dalmatian, the school's Dog Mentor. Dottie comes in most mornings and supports lots of children in 1:1 and group sessions. The Dog Mentor Programme is built upon the benefits of the human-animal bond by providing children positive experiences with dogs that can help them educationally, developmentally, emotionally and socially.

LEGO Therapy sessions are also delivered by our Learning Mentor. LEGO-based Therapy is a social development program that uses LEGO activities to support the development of a wide range of social skills within a group setting. While initially developed for children with autism, LEGO-based Therapy has since been found to benefit children with a variety of communication and social developmental difficulties.

Below is the Learning Mentor referral form for staff to complete and send to the SENCo:

<b>Learner's name:</b>	<b>Year Group:</b>	<b>Class:</b>
<b>SEND needs:</b>		
<b>Referrer:</b>	<b>Referral date:</b>	

<b>Nature of concern and reason for referral</b>			
<i>Please identify the main areas of concern using 1,2,3 and tick any other underlying difficulties if appropriate</i>			
<b>Learning</b>			
Lacking motivation	Gaps in learning	Following instructions	
Lacking confidence	Organisation	Concentration	
Passive learner	Leaving the classroom	Understanding expectations	
Underachievement	Homework	Cultural/language difficulties	
Progress	Independence	Starting work	
Completion of work	Contributions to discussions	Focus on task	
<b>Social &amp; Emotional</b>			
Self-esteem	Peer pressure/gangs	Difficulties at break time	
Managing feelings	Home and peer culture clashes	Resilience	
Withdrawn	Cooperation in class	Anxiety	
Peer relationships	Disengagement	Confusion	
Adult interaction	Social skills	Fearful	
<b>Behaviour</b>			
Disruptive	Bullying	Disputes with peers	
Distracting peers	Participation issues	Disputes with adults	
Anger	Substance abuse	Attention seeking	
Aggression	Frustration	Criminal activity	
<b>Other</b>			
Settling into school	Health & Welfare	Attendance/Punctuality	
Transition	Loss, bereavement, trauma	Risk of exclusion	
Home/family difficulties, LAC, Young Carer, Parental mental health			

**Please identify other Therapy provisions currently being accessed (Circle)**

SALT/OT/Physio/Circuits/Art/Play/Counselling/Social Skills/Sanctuary

<b>What current or previous support strategies have been implemented?</b>
<b>What are the pupil's strengths?</b>
<b>What changes do you want to see?</b>
<b>Are parents aware? What are their views?</b>

*Please complete and return to the SENCO, [EWelsh](#)*

Below is the scaling document that we use across the school, which allows us to rate/score the wellbeing of pupils; this is to enable us to track the impact of any wellbeing interventions we put in place for them.

LEARNER NAME, YEAR, CLASS											
	1	2	3	4	5	6	7	8	9	10	
Communication with adults	Avoids communication with adults	Avoids communication with known adults, but will respond if spoken to directly	Will offer limited verbal responses to a known adult	Responds to open and closed questions to a known adult	Will give extended answers to questions, more than just 'yes' or 'no'	Engages in conversation with known adults; however, uneasy doing so	At ease when speaking with adults	Engages with conversations with adults in a familiar environment	At ease when speaking with adults and will start conversations	At ease when speaking with any adult in any situation e.g. presentations	
		Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent
Relationships with peers	No relationship with peers	Some interaction with peers; maybe negative	Some indirect contact with at least one peer e.g. letter, note	Avoids speaking to peers except when necessary	Interacts with at least one peer	Positive relationship with at least one peer - initiates and responds appropriately	Positive relationship with at least one peer - extends beyond one setting	Positive relationship with more than one peer	Positive relationship with more than one peer - maintained over time	Positive relationship with more than one peer, in more than one setting, maintained over time	
		Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent
Impact of mental health on ability to concentrate	Unable to access the school setting, classroom and/or participate in lessons	Able to access school buildings	Able to attend/remain in the allocated classroom for brief periods; not necessarily partaking in any activity	Able to concentrate on any activity for a short period; learner dictates engagement time	Able to remain in the classroom for longer periods and with support, concentrate on academic work	Remains in the classroom for most of the session; concentration levels enable learner to complete tasks with support	Level of concentration is sufficient for some tasks to be completed independently and can continue with support	Able to concentrate sufficiently to start and complete short tasks independently	Able to concentrate for most of the session; may require little support to remain on task	Is able to concentrate, organise and complete work	
		Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent
Willingness to engage - motivation	Refuses to attend lessons and/or school setting	Refuses to attend lessons but will visit/meet with staff in the school setting	Attends some sessions or parts of sessions; is non-compliant	Attends and engages for short period of time as part of the session or in some sessions; however, frequently rejects education	Attends session for longer periods of time; some engagement with aspects of the session	Consistently engages in aspects of a session; less rejection of education	Increased engagement for learning; motivation to complete tasks with support	Engages for most of the session, most sessions	Engages positively for most of the session, most sessions	Positively engages fully in every session, all session	
		Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent	Inconsistent   Consistent
Hope for the future	Sees no future, actively attempts self harm	Regularly verbalises or displays an intent to self harm. Struggles to visualise a future	Occasionally verbalises or displays intent to self harm. Struggles to visualise a future	No self harm ideation expressed; however, sense of hopelessness is pervasive	Able to think about future plans at times, although struggles to formalise ideas	Sometimes expresses hope for the future. Sometimes able to contribute to planning of next steps	Sometimes expresses hope for the future and is actively putting plans in place with help from staff	Regularly expresses hope for the future and is actively putting positive plans in place	Has a sense of hope and time is spent actively working towards a positive future	Has hope for the future and displays a sense of wellbeing. Actively engaged in life	

## Scripted responses

We influence feelings, thoughts and behaviour of those we care for. Our responses have to be measured and mindful of the child and the situation so we can de-escalate a situation.

Scripted responses promote clear and accurate communication between colleagues and with the children we care for.

Most difficult situations arise as a result of a breakdown in communication in the first place. However, professionals should be guided by their knowledge and previous experience of the individual concerned.

### Responding to children in a supportive and effective way:

- Acknowledge there is a problem without allocating blame. Telling a person you can see they are upset/angry suggests they are the problem and offers an opportunity for argument "No, I'm not!" The aim is to give help and support
- Give the individual a direction and the adult a function.
- Coupled with a non-threatening sideways stance, this invites the person to move along with the adult and presupposes they will solve the situation peacefully. It offers a way out with dignity.
- Important to use a deliberate slow, low and quiet voice.

Examples of scripted support:

- "(Name)....I can see something is wrong/has happened"
- "...I'm here to help...."
- ".....talk and I'll listen....."
- "Come with me and ....."

## Supporting colleagues:

1. Important attitude = encourage staff to feel confident in offering and accepting help.
2. Offer help and allow the recipient to choose what type of help is needed

Accepting help involves telling colleagues exactly what they are required to do. Accepting help is not a weakness and seeking help is a sign of professional strength. Strong teams = expectation to offer help and accept help when it is offered.

- a) “Mrs Brown, can I help?”  
“Thank you, you can help by.....getting Ed a cool drink.....sitting here with Ed while I get him a cool drink.”

Sometimes, the recipient is not best placed to make the decision- other things may be happening which they are not aware of.

For example-

- b) “Mrs Brown, more help is available.”  
“What do you suggest?”  
“I would like you to.....go and see if Mr ? is available.....let me sit with Tony.....I’ll catch up with you later.”

The ‘more help’ wording is a signal that the person offering help is in charge of the situation. This should trigger an automatic response. This time, it is the professional who is offered a get out with dignity.

## Emotionally available adults

‘Protective factors’ namely interventions from emotionally available adults, before the age of 18, can interrupt the trajectory from childhood adversity to challenging behaviour, learning difficulties, long term mental illness, physical and societal ill health.

One emotionally available adult can make all the difference and for many children that adult will be someone at school or in a community organisation.

### How can we respond?

- Listen: No lectures, don’t try to fix it. They don’t want to be fixed; they want to be heard.
- Help a YP find words for feelings (affect labelling): Put the feelings into words for the child
- Mental state talk: Develop the capacity to reflect on mental states so to form secure attachments and stress regulatory systems in the brain. E.g., help regulate the child’s emotions.
- Make the child feel understood
- Empathy: Allow yourself to be moved, make sense of and offer back

## Using PACE by Dr Dan Hughes

### PLAYFULNESS, ACCEPTANCE, CURIOSITY AND EMPATHY

Pace is a way of thinking, feeling, communicating and behaving with the child that aims to make the child feel so safe with you that they stay open and engaged. PACE activates the child's social engagement system.

It is having the capacity to be playful, have warmth and spontaneity towards a child. Playfulness in mannerisms, tone of voice, humour to diffuse situations; physical placement to trigger anti-stress chemicals in the brain as well as the social engagement system.

**PLAY** - helping our children move from mistrust to trust

**ACCEPTANCE** - understanding the child does not have the capacity to act and think logically; they do not have an effective stress management system and they need support from an emotionally available adult to understand their feelings and respond in a safe way

**CURIOSITY** - helps children to make sense of what has happened to them and clarify their thoughts and feelings. It gives children a voice and shows we are interested; if a child's story goes unheard, the trauma is likely to be behaved not reflected on.

Using 'WIN' sentence starters can help an adult show curiosity...



"I wonder what you are thinking....."



"I imagine it must be difficult to....."



"I notice that you/he/she....."

**EMPATHY** - to allow ourselves to be moved, make sense of and offer back. To accept how the child is experiencing the event; to affirm, understand and recognise what the child is feeling. Empathising with a child can lead to a vital process of helping them grieve and find empowered anger.

# In School Review (ISR)

The In School Review is held three times a year - usually Term 1, 3 and 5. It is an opportunity to discuss children for whom we need further professional advice, with some of the outside agencies who support us. Normally our main agenda consists of 8 - 10 children who are discussed individually. From time to time, we discuss some children as a group.

School staff present are:

- The class teacher of the child being discussed
- The SENDCo
- Deputy Headteacher
- Members of the SEND/Pastoral team as appropriate

Agencies invited are:

- Educational Psychologist
- Local Authority SEN Officer for pupils with EHCPs and Statutory Assessment applications
- School Nurse
- Occasionally, others attend for a particular child - e.g., AAP where attendance is a major factor, social worker, Paediatrician

The children you put forward to be discussed at the ISR will not always be those with the highest level of SEND; this is because *their* needs and the strategies to address them may be well known and documented already in a School Based Support Plan. Where children have less common forms of SEND that we have little experience of in school, the ISR Panel/Agencies can often signpost information that may be helpful.

It is often most useful to discuss those children that puzzle you, where you find it particularly hard to identify their precise needs or where you have tried a range of strategies that do not seem to be working.

## Referrals to ISR

Things to consider:

**Is a referral to ISR *the most appropriate* action?** And is this the right time? Sometimes, where we have just put in place a significant intervention or a referral, it may be better to wait till next time when the outcomes are known.

What if we know already that we need to refer on to another agency?

In most cases, we do not have to go through ISR in order to refer. However, we must go through ISR if ...

- we would like the Educational Psychologist to work with the child
- we want to request a full assessment for Dyslexia/Specific Learning Difficulties
- we want to apply for Statutory Assessment

## What if we think we need to apply for Statutory Assessment

This can only be agreed at ISR, with the EP present to confirm whether an application would appear likely to meet Medway's criteria for agreeing to statutory assessment (i.e.

the child appears likely to meet the criteria for a specialist provision, and this is the parent's preferred option). There are stages within school where we are rather more likely to encounter this situation.

- In EYFS, where a child may come in with needs that are significantly greater than those normally encountered in mainstream school.
- Where we think a child may meet the criteria for a specialist provision, rather than a main school placement.
- For secondary transfer, the time to put in a request is the Term 1 ISR of Y5, so that there is time for the EHCP, if awarded, to be in place when secondary placement for children with EHCPs is considered. We would have to provide very strong evidence to show that the pupil was not making progress/was well outside normal levels of working referring to the statutory guidance criteria/documentation.

### **FAQs about ISR**

**Q.** Can I refer more than one child to ISR?

**A.** Yes, you can refer wherever it seems appropriate. If more children are put forward than we have time to discuss, we select the ones for whom ISR is most appropriate/urgent and try to suggest alternative ways forward for the others.

**Q.** How much detail do I need to put on the referral form?

**A.** Brief phrases/notes will do. But be very specific. This information is used when writing agenda notes prior to the meeting and where we have to prioritise children to go on the agenda.

**Q.** Do parents attend the ISR?

**A.** No, but we send out a standard letter beforehand, explaining what the ISR is and inviting them to share any information/concerns they may have. We write again afterwards letting them know about the outcome.

This is the form completed before the ISR meeting, which is sent to the Educational Psychologist before the meeting:



### In School Review Notes

Name of Child:	Year Group:
DOB:	Date of Admission:
Nationality: British	Position in family:
Current attendance:	Previous attendance:
Pupil Premium student? <u>Y/N</u>	LAC? <u>Y/N</u>
Summer Born? <u>Y/N</u>	EAL? <u>Y/N</u>

#### Education:

Subject	Baseline data 12 months ago	6 months ago	Current data	Overall progress to date
Reading				
Writing				
Maths				

SEN status: \_\_\_\_\_ Primary Need: \_\_\_\_\_  
 Exclusions (date/length/reason): \_\_\_\_\_

#### Behaviour:

Attention	Engagement	Recall	Response
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Ratings: 1 = Not at all, 2 = Unpredictable, 3 = Sometimes, 4 = Most of the time, 5 = Always

#### Social & Emotional:

Peer Interaction	Adult Interaction	Understanding of authority	Solo Play
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Ratings: 1 = Not at all, 2 = Unpredictable, 3 = Sometimes, 4 = Most of the time, 5 = Always

Is the child delivered / collected each day by the same person? Y/N  
 Is that person the child's parent / carer? (If NO, please state relationship) Y/N  
 Does the child have siblings in the school? (if yes, please state name and class) Y/N  
 Sibling details: \_\_\_\_\_

#### Current Interventions:

Classroom	FLO	School Nursing Team	Social Services	Therapeutic support	Further details:
<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	

**IMPACT** of classroom interventions and support:

Reason for referral/discussion at ISR and response requested:

Notes from class teacher regarding concerns:

External factors (family background/history etc.):

This is the after-discussion form which is sent to all relevant parties/agencies, giving details of the discussion and actions agreed:



**AFTER DISCUSSION**

**Outcomes:**

Classroom support	Referral for SEN assessment	Referral to FLO	Speak to School Nursing team	Signpost to other agency	Further details:
Y/N	Y/N	Y/N	Y/N	Y/N	

Actions	By whom	Date completed	Impact of Actions (Please describe what has been put in place)

# School based support plans (SBP)

## School Based Support Plans

School Based Support Plans are used as a tool to ensure that parents/carers and the pupil are all involved as much as the teacher in agreeing targeted support. It gives all involved, the chance to give their views about the pupil's strengths, difficulties and areas for development.

SMART targets are set from this information to ensure that progress can be monitored regularly by all involved. Targets may be generated with advice/strategies from various agencies including Educational Psychologist, members of the therapy team, class teachers, SENCO etc.

Targets may be set to support:

- communication and interaction need
- cognition and learning needs
- social, emotional and/or mental health needs
- physical and/or sensory needs
- Self-help and independence skills.

The targets are reviewed at least termly and provide evidence of the graduated approach; assess, plan, do, review. If children make progress with such targeted support and the reviews show that targets are regularly met and progress is being made, then it may be that the pupil no longer needs a School Based Support Plan.

It might be that the progress made is very slow/limited and not in line with the progress expected for the pupil's age, so the gap between the pupil and their peers is widening. In this case, if a child becomes significantly below the expected level of learning for their age, then we can use the School Based Support Plan as evidence towards an application for an Education, Health and Care Plan, once four cycles of the graduated approach have been documented.

## Universal Offer - High Quality Teaching

The Academy of Woodlands Universal Offer forms the basis for our High-Quality Teaching and forms the foundation for all other provision or support within the school. This includes strategies, resources and adaptations to the curriculum, delivery methods for teaching and the school environment that teaching staff use to remove barriers to learning for our children.

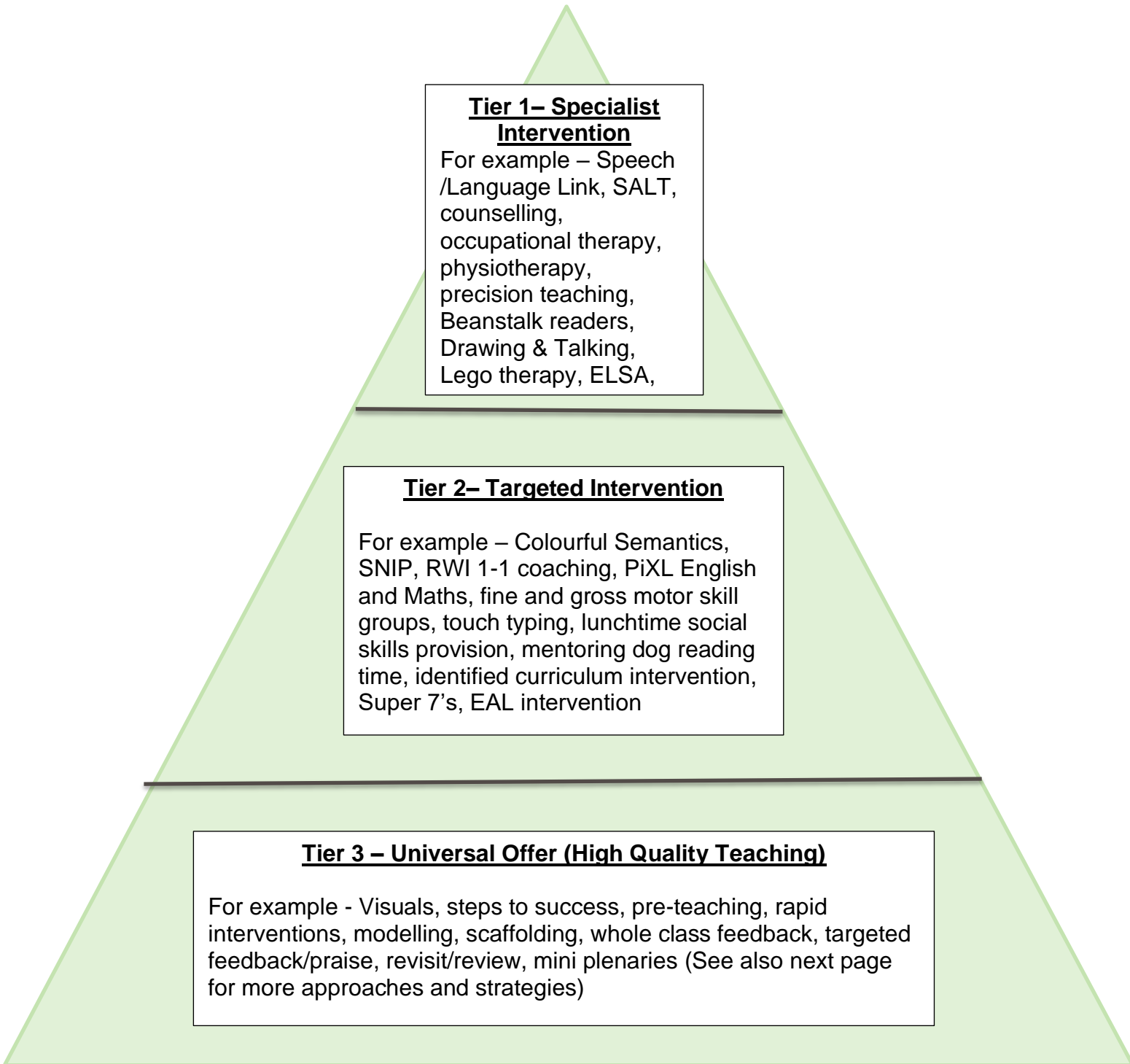
Our Universal Offer is based on an inclusive approach to teaching and learning which benefits all children and essential for those with SEND. Reasonable adjustments for individual needs are made to ensure that all teaching is enabling every learner.

We have high expectations for those teaching our children with SEND; to ensure everyone is included and enabled to access every opportunity that is available so that they can achieve well.

We have a three-tiered system within our school including:

- Tier 3: Universal Offer (High Quality Teaching)
- Tier 2: Targeted Intervention
- Tier 1: Specialist Intervention

Examples of what we provide at each Tier is set out below -



**Approaches and strategies as part of the Universal Offer (High Quality Teaching) enabling learning for all pupils**

	<b>Expectation....</b>	<b>How could/are we do this for all?</b>	<b>In addition....how do/can we adapt this for pupils with SEND?</b>
1	Start a lesson with a short review of previous learning	<ul style="list-style-type: none"> <li>- Talk partners</li> <li>- Book look</li> <li>- Starter questions</li> <li>- Visual recap</li> </ul>	<ul style="list-style-type: none"> <li>- Pre-teaching</li> <li>- Different levels of questioning</li> <li>- Manipulatives</li> <li>- Task boards</li> <li>- Now/Then board</li> </ul>
2	Present new material in small steps where pupils practice after each step	<ul style="list-style-type: none"> <li>- Manipulatives</li> <li>- Modelling</li> <li>- Have a go</li> <li>- My turn, your turn</li> </ul>	<ul style="list-style-type: none"> <li>- I do, you do, we do</li> <li>- Small steps</li> <li>- Brain buddies</li> <li>- Hands on activities</li> <li>- Chunking</li> <li>- Scaffolding</li> </ul>
3	Limit the amount of materials pupils receive at one time	<ul style="list-style-type: none"> <li>- Mini plenaries</li> <li>- Stop and review</li> </ul>	<ul style="list-style-type: none"> <li>- Workstation</li> <li>- Tidy desks</li> </ul>
4	Give clear and detailed instructions and explanations	<ul style="list-style-type: none"> <li>- Speak clearly and slowly</li> <li>- Reference working wall</li> <li>- Colour coding sentences</li> <li>- Ask pupils what they need to do</li> </ul>	<ul style="list-style-type: none"> <li>- Task boards (visual and written)</li> <li>- Question what the pupil must do before they go off</li> <li>- 1 step at a time timer</li> <li>- Lesson visual schedule</li> </ul>
5	Ask a number of questions and check for understanding	<ul style="list-style-type: none"> <li>- Success criteria</li> <li>- Different levels of questioning</li> <li>- Stop and review</li> <li>- Talk partners</li> <li>- Mixed ability groups</li> </ul>	<ul style="list-style-type: none"> <li>- Cloze questions</li> <li>- Spotlight pupils (directed questioning)</li> <li>- Use name first then question</li> <li>- Alert the pupil to a question before it is asked (warn them)</li> </ul>
6	Provide a high level of active practice for all pupils	<ul style="list-style-type: none"> <li>- Talk partners</li> <li>- My turn, your turn</li> </ul>	<ul style="list-style-type: none"> <li>- Manipulatives</li> <li>- Talk first then do (Practise out loud)</li> <li>- Small group work with adult</li> <li>- Aim learning at their interests</li> <li>- Oracy sentence stems</li> </ul>
7	Guide pupils as they begin to practice	<ul style="list-style-type: none"> <li>- Word banks on desks</li> <li>- Share learning</li> <li>- Modelling/examples</li> <li>- Whiteboards</li> <li>- Helicopter teaching, verbal feedback</li> </ul>	<ul style="list-style-type: none"> <li>- Visual examples</li> <li>- Sentence starters</li> <li>- Cloze procedures</li> <li>- manipulatives</li> </ul>

8	Think aloud and model steps	<ul style="list-style-type: none"> <li>- steps to success</li> <li>- modelling of editing/corrections</li> <li>- talk partners</li> <li>- group work</li> <li>- shared writing</li> <li>- stop/check</li> </ul>	<ul style="list-style-type: none"> <li>- visual checklist</li> <li>- modelling with manipulatives</li> <li>- independent work with manipulatives</li> <li>- picture prompts</li> </ul>
9	Provide models of worked-out problems	<ul style="list-style-type: none"> <li>- model examples</li> <li>- reasoning to explain errors</li> <li>- shared input</li> </ul>	<ul style="list-style-type: none"> <li>- sequence of steps to follow</li> <li>- desk top visuals of examples</li> <li>- manipulatives</li> </ul>
10	Ask pupils to explain what they have learned	<ul style="list-style-type: none"> <li>- open ended questioning</li> <li>- reasoning</li> <li>- pair/share</li> <li>- peer/self-assessment</li> <li>- before/after discussion</li> </ul>	<ul style="list-style-type: none"> <li>- different use of language 'show me'</li> <li>- tell me about</li> <li>- direct questioning using cloze questions</li> <li>- provide choices</li> </ul>
11	Check the responses of all pupils	<ul style="list-style-type: none"> <li>- lolly sticks</li> <li>- whiteboards hold up</li> <li>- partners share</li> <li>- peer marking</li> <li>- self-check</li> </ul>	<ul style="list-style-type: none"> <li>- cloze questions</li> <li>- spotlight pupil</li> </ul>
12	Provide systematic feedback and corrections	<ul style="list-style-type: none"> <li>- verbal feedback, targeted praise</li> <li>- checklist</li> <li>- mini plenary</li> <li>- stop and show/share</li> <li>- address misconceptions in the lesson</li> <li>- model errors and pupils identify corrections</li> </ul>	<ul style="list-style-type: none"> <li>- celebrate small step success</li> <li>- 'correct' adult working out</li> <li>- 'help' another</li> <li>- Use terms such as 'editing' instead of 'corrections'</li> </ul>
13	Use more time to provide explanations	<ul style="list-style-type: none"> <li>- Stop and reset</li> <li>- Revisit</li> </ul>	<ul style="list-style-type: none"> <li>- Overlearning</li> <li>- Pre-teaching</li> <li>- Reducing task</li> <li>- Assessing knowledge</li> </ul>
14	Provide many examples	<ul style="list-style-type: none"> <li>- Variety of resources</li> <li>- Magpie book</li> <li>- Real life examples and practise</li> <li>- Model mistakes</li> </ul>	<ul style="list-style-type: none"> <li>- Familiar resources</li> <li>- Scaffolding</li> <li>- Visual representation depending on level of understanding</li> </ul>
15	Re-teach material when necessary	<ul style="list-style-type: none"> <li>- Flexibility within planning</li> <li>- Early morning work opportunities</li> <li>- Peer work/talk partner/ask a friend</li> </ul>	<ul style="list-style-type: none"> <li>- Overlearning</li> <li>- Generalisation</li> <li>- Focus group for next lesson</li> </ul>

16	Prepare pupils for independent practice	<ul style="list-style-type: none"> <li>- Effective resources</li> <li>- Extension/practise challenges to complete independently</li> <li>- Worked examples</li> <li>- Check sheets</li> </ul>	<ul style="list-style-type: none"> <li>- Now/next boards</li> <li>- Task boards</li> <li>- Metacognition</li> <li>- Independent work boxes</li> <li>- Scaffolding</li> <li>- No Velcro pupils!!</li> </ul>
17	Monitor pupils when they begin independent practice	<ul style="list-style-type: none"> <li>- Helicopter teaching</li> <li>- Verbal feedback</li> </ul>	<ul style="list-style-type: none"> <li>- Spotlight/focus pupils</li> </ul>

# Research Based Interventions used at the Academy of Woodlands

Tier	Intervention	Entry Criteria	Exit Criteria (after intervention, usually 6 weeks, we should see)	Next steps (if the intervention did not work)
<b>Communication and Interaction</b>				
1	Speech Link	Poor sound production/articulation and speech sounds.	Age-appropriate sound production/articulation. Clear Speech Link assessment.	Referral to therapy team.
1	Language Link	All children in Reception assessed. Identified areas - intervention through SALT TA in discussion with SENCO.	A 6-month period of Intervention focusing on identified areas of weakness. Reviewed by reassessment.	Successful reassessment - pupils removed from intervention. If inadequate progress made pupils put into Speaking & Listening group.
1	SALT	Agreed and devised by SALT with SENCO. 1:1 or small group intervention.	As agreed with SALT & SENCO.	Referral onwards should progress not be as expected.
<b>Cognition and Learning</b>				
2	Small group Sensory Circuits	Requirement as part of Statement or EHCP. Recommendation from OT or EP. For children who struggle to engage in learning.	Pupil's level of functioning is improved, less stressed and more engaged in learning. Only ceased through advice from specialists.	60 sessions before reassessment with CT and SENCO.
	Lucid Rapid Reading and Spelling	Low levels and slow progress in phonics, reading and/or spelling.	Assessments will be made by the Lucid Rapid program and progress monitored.	Alternative intervention e.g. Precision Teaching, then review. Discussion with SENCO and Dyslexia Specialist Teacher for possible focused intervention.
	Alpha to Omega	Low levels and slow progress in phonics, reading and/or writing.	Monitored through Alpha to Omega assessments.	Alternative intervention e.g. Precision Teaching, then review. Discussion with SENCO and Dyslexia Specialist Teacher for possible focused intervention.
	Morph Mastery	Low levels and slow progress in phonics, reading and/or vocabulary.	Monitored through Morph Mastery Assessments.	Alternative intervention e.g. Precision Teaching, then review. Discussion with SENCO and Dyslexia Specialist Teacher for possible focused intervention.
	Reading and Spelling Support from JH	Low levels and slow progress in phonics, reading and/or spelling.	Assessments from screener should show some improvements.	ISR discussion. Possible discussion with school nursing team.

Tier	Intervention	Entry Criteria	Exit Criteria (after intervention, usually 6 weeks, we should see)	Next steps (if the intervention did not work)						
	Dyslexia Specialist Teacher	High Risk of Dyslexia from Lucid Rapid Dyslexia screener.								
2	Colourful Semantics	Pupils struggle with sentence building and structure. Supports spoken and written language and is also a good support for those with EAL.	Pupils will be able to plan their own sentences which are grammatically correct. Pupils will build on the word types used to plan and write more complex sentences.	Alternative intervention e.g. Precision Teaching, then review.						
1	Precision Teaching	A structured teaching method that's designed to improve the accuracy and fluency of reading, spelling and maths. The main goal of precision teaching is <b>to target and improve specific skills within an intervention</b> . These can be specifically tailored to the individual, dependent on their need.	Pupils will have made progress which will be shown on the graph plotted throughout the intervention.	Why didn't it work? Does the content need adapting? Follow the order: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">See-to-Say</td> <td> <ul style="list-style-type: none"> <li>• Letter/Number recognition</li> <li>• Reading high frequency words</li> <li>• Reading/spelling words with the same letter pattern</li> <li>• Phonics</li> </ul> </td> </tr> <tr> <td>Hear-to-write</td> <td> <ul style="list-style-type: none"> <li>• Letter sounds</li> <li>• Number recognition</li> <li>• High frequency words</li> <li>• Spellings</li> </ul> </td> </tr> <tr> <td>See-to-write</td> <td> <ul style="list-style-type: none"> <li>• Writing the answers to mathematical computations</li> </ul> </td> </tr> </table>	See-to-Say	<ul style="list-style-type: none"> <li>• Letter/Number recognition</li> <li>• Reading high frequency words</li> <li>• Reading/spelling words with the same letter pattern</li> <li>• Phonics</li> </ul>	Hear-to-write	<ul style="list-style-type: none"> <li>• Letter sounds</li> <li>• Number recognition</li> <li>• High frequency words</li> <li>• Spellings</li> </ul>	See-to-write	<ul style="list-style-type: none"> <li>• Writing the answers to mathematical computations</li> </ul>
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Hear-to-write	<ul style="list-style-type: none"> <li>• Letter sounds</li> <li>• Number recognition</li> <li>• High frequency words</li> <li>• Spellings</li> </ul>									
See-to-write	<ul style="list-style-type: none"> <li>• Writing the answers to mathematical computations</li> </ul>									
1	Power of 2 (maths)	A structured teaching method that's designed to improve the accuracy and fluency of maths. For those who have made slow or no progress in maths.	Progress will be shown in the intervention records.	Alternative intervention then review.						
1	Toe by Toe (phonics)	For pupils who have made little or no progress in phonics.	A term of daily intervention, then review through an assessment (to be devised). <ul style="list-style-type: none"> <li>• Continue through book if progress is being made</li> <li>• Cease if no or little progress and consider alternative e.g. A-O Stage 1 as a 1:1</li> </ul>	Alternative intervention then review.						
2	SNIP (whole word recall)	For pupils who have made little or no progress in phonics and struggle with whole word recognition of high-frequency words.	SNIP intervention records will show an improvement in reading and spelling accuracy of high-frequency words.	Alternative intervention then review.						
2	Beanstalk readers	For those who need to improve on fluency.	Fluency in reading and therefore reading age improves.	Alternative intervention then review.						
2	RWI (1:1)	RWI assessments show little or no progress in phonic knowledge.	RWI assessments show an improvement in phonic knowledge.	Alternative intervention then review. ISR discussion. Possible discussion with school nursing team.						
3	RWI Freshstart	For children in years 5-6 working below age related expectations.	RWI assessments show an improvement in phonic knowledge and fluency.	Alternative intervention then review. ISR discussion. Possible discussion with school nursing team.						

Tier	Intervention	Entry Criteria	Exit Criteria (after intervention, usually 6 weeks, we should see)	Next steps (if the intervention did not work)
2	PiXL (English and maths)	For pupils just under age related expectations in English or maths.	PiXL data will show improvements to subject knowledge.	Alternative intervention then review. ISR discussion. Possible discussion with school nursing team.
<b>Sensory and Physical</b>				
1	Occupational Therapy Programmes	Struggle with attention and focus Need to move Seeking deep pressure Poor fine motor skills Poor co-ordination	Progress seen in next OT report.	Follow advice from therapy team.
1	Physiotherapy Programmes	Poor co-ordination or gross-motor Poor core functionality Mobility issues	Progress seen in next PT report.	Follow advice from therapy team.
2	Strengthening exercises including fine and gross motor skills and core strength	Poor pencil control Poor pen grip Hands tire easily when writing which affects quality and quantity of writing.	Improvements seen in pencil control, handwriting, quantity and quality of written work.	Consider referral to therapy team.
2	Touch-typing	Visual impairment Fine motor or pencil control difficulties At risk on Dyslexia screening tests	Typing speed will be measured and improvements shown on touch-typing program.	Alternative intervention then review. Consider referral to therapy team.
<b>Social, Emotional and Mental Health</b>				
1	Drawing and Talking	Following High Quality Teaching within the classroom, and parental contact, teacher completes SEMH referral and SEMH scale. Decision made between pastoral team: Used for those who may struggle to communicate emotions	A 12-week intervention followed by a review of pupil's well-being and a repeat of the SEMH Scale. <ul style="list-style-type: none"> <li>Using drawing as a way of sharing emotions</li> </ul>	Progress made - cease intervention but monitored by class teacher to ensure sustained improvement. No progress - consider referral to specialist services.
1	ELSA	Following High Quality Teaching within the classroom, and parental contact, teacher completes SEMH referral and SEMH scale. Decision made between pastoral team for period of intervention: <ul style="list-style-type: none"> <li>Child centred games and activities</li> <li>Sharing emotions</li> </ul>	A term of weekly intervention followed by a review of pupil's well-being and a repeat of the SEMH Scale.	Progress made - cease intervention but monitored by class teacher to ensure sustained improvement. No progress - consider referral to specialist services.

Tier	Intervention	Entry Criteria	Exit Criteria (after intervention, usually 6 weeks, we should see)	Next steps (if the intervention did not work)
1	Lego Therapy	<p>Following discussion by pastoral team from SEMH referral and SEMH scale completed by teachers/TAs.</p> <p><b>Social Skills:</b></p> <ul style="list-style-type: none"> <li>Lack of verbal engagement in the classroom</li> <li>Friendship concerns</li> <li>Specialist recommendation</li> </ul> <p><b>Social communication:</b></p> <ul style="list-style-type: none"> <li>ASD diagnosis</li> <li>Below 35<sup>th</sup> centile receptive language skills</li> <li>Below 35<sup>th</sup> centile expressive language skills</li> </ul>	<p>a) Age appropriate then cease b) Inadequate progress - review with TA/CT/Parent</p> <p>Then Repeat or revisit following term if merited. (joint decision)</p> <p>Progress will be shown on SEMH Scale.</p>	Pastoral team to review in discussion with pupil, class teacher, TAs and parents.
2	Lunch-club social skills	<p>Following discussion by pastoral team from SEMH referral and SEMH scale completed by teachers/TAs.</p> <p><b>Social Skills:</b></p> <ul style="list-style-type: none"> <li>Lack of verbal engagement in the classroom</li> <li>Friendship concerns</li> <li>Specialist recommendation</li> </ul>	<p>Pupils should show improvements in social interactions and be integrated back onto the playground.</p> <p>Progress will be shown on SEMH Scale.</p>	SEMH referral and SEMH Scale documents completed.
2	Therapy dog reading time	<p>Following discussion by pastoral team from SEMH referral and SEMH scale completed by teachers/TAs.</p> <p>Shyness when reading out loud or in-front of others.</p>	<p>Improvements in confidence to read out loud. Improvements with fluency of reading.</p> <p>Progress will be shown on SEMH Scale.</p>	SEMH referral and SEMH Scale documents completed.
1	Counselling	<p>Following discussion by pastoral team from SEMH referral and SEMH scale completed by teachers/TAs or Pastoral Manager.</p> <p>1:1 pupil led support dependant on their needs.</p>	<p>This will be of the discretion of the pupil and counsellor</p>	
1	Nurture provision (Swans)			

