Newly Qualified Teacher
Training Pack

Additional Learning Needs

Llywodraeth Cynulliad Cymru
Welsh Assembly Government
Introduction

Purpose of the pack
This training pack and materials is designed to support Newly Qualified Teachers in their first year of teaching in understanding their role and responsibility in relation to children and young people with Additional Learning Needs.

During the training participants will be:

• given the opportunity to consider the reasons for including children and young people with Additional Learning Needs;

• able to look at the framework that schools need to have in place to include all children and young people;

• understand their roles and responsibilities as well as the roles of the Special Education Needs Coordinator (SENCo) and the support agencies working with children and young people with Additional Learning Needs;

• understand the role of Support Staff appointed specifically in relation to Additional Learning Needs;

• explore some of the issues of partnership working, including the challenges of being a parent of a child or young person with Additional Learning Needs;

• provided with working examples of including children and young people with Additional Learning Needs;

• provided with pointers for participants on ways forward towards an inclusive approach.
Number of sessions and their focus

The training is delivered through a combination of slide presentations, case studies and group/individual activities and is broken down into six main sessions which cover:

Session One: Setting the Scene
( Including all Children/Danny’s Story/NQT Stories/What the Standards Say/What the Legislation Tells Us/Test Your Knowledge

Session Two: Getting the right support at school
( The Responsibilities of the NQT/The Responsibilities of the SENCo/ Differentiation/Teaching Assistants/ Writing Individual Education Plans/ Reviewing Individual Education Plans)

Session Three: Getting the right support for children with more complex needs
( Tiered Provision at School Action Plus/ School Action Plus/Support Services that can help with Children at School Action Plus)

Session Four: Listening to parents and children
( Welcome to Holland/Talking to parents about concerns/Listening to parents who may be distressed or angry/Listening to children with Additional Learning Needs)

Session Five: How to help specific needs of children and young people

Session Six: How well am I doing?

This Handbook contains all the handouts, module materials and fact sheets required to deliver the training. All these items are provided on disc to facilitate printing. The following slide sequence guide details the different elements of the training and marks where the handouts, module materials, fact sheets and DVD clips (which are provided with the module) should be used.

Further training materials

The Handbook is an introduction to a series of Early Professional Development modules entitled:

- Supporting children and young people with Behavioural, Social and Emotional Difficulties
- Supporting children and young people with Autistic Spectrum Disorders
- Supporting children and young people with Specific Learning Difficulties
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Session One

Setting the scene
Inclusion is a process by which schools develop their cultures, policies and practices to include all pupils.

With the right training, strategies and support nearly all children with Additional Learning Needs (ALN) can be included successfully in mainstream education.

An inclusive education offers excellence and choice and incorporates the voice of the parent and the children.

The interests of all pupils are safeguarded.

Defining Inclusion

Inclusion in education involves the processes of increasing the participation of children and young people, and reducing their exclusion from their community and local school. Inclusion is concerned with those children and young people who are vulnerable to exclusionary pressures as well as those who have additional learning needs.

Inclusion is concerned with improving schools for staff as well as for children and young people.

*Index for inclusion, developing learning and participation in schools.; CSIE 2002*

A hundred years from now it will not matter what my bank account was, the sort of car I drove...but the world may be different because I was important in the life of a child.

*(Sharp 2001)*
Danny’s Story

I am Miss Thompson

Miss Thompson was a schoolteacher who every year would say to her class, “Boys and girls, I love you all the same. I have no favourites”. She wasn’t being completely truthful. She did have favourites and, what’s worse, she did have children that she simply didn’t like.

Danny was a boy that Miss Thompson simply didn’t like. He didn’t seem interested in school. He wore a deadpan, blank expression on his face, and his eyes were glassy and unfocused. When she spoke to Danny he merely shrugged his shoulders.

Whenever she marked Danny’s work, she got a certain pleasure out of putting Xs next to the wrong answers. The marks in red were done with flair. She should have known better; she had Danny’s records, and she knew more about him than she wanted to admit. The records read:

Nursery: Danny shows promise with his work and attitude, but poor home situation.

Reception: Danny could do better. Mother seriously ill. He receives little help at home.

Year 1: Danny is a good boy, but too serious. He is a slow learner. His mother died this year.

Year 2: Danny is very slow, but well behaved. His father shows no interest.

At Christmas, the boys and girls in Miss Thompson’s class bought her presents, piled them on her desk, and crowded around to watch her open them. Among the presents was one from Danny. She was surprised that he had brought her a gift. Danny’s gift was wrapped in brown paper and held together with Scotch tape.

On the paper were written the simple words, “For Miss Thompson. From Danny”. When she opened Danny’s present, out fell a gaudy rhinestone bracelet, with half the stones missing, and a bottle of cheap perfume.

The other boys and girls began to giggle and smirk over Danny’s gift, but Miss Thompson at least had enough sense to silence them by immediately putting on the bracelet and dotting some of the perfume on her wrist. Holding her wrist up for the other children to smell, she said, “Doesn’t it smell lovely?” the other children, taking their cue from the teacher, readily agreed with “ooohs” and “ahs”.

When school was over and the other children had left, Danny lingered behind. He slowly came over to her desk and said softly, “Miss Thompson, you smell just like my mother…. And her bracelet looks real pretty on you too. I’m glad you liked my presents”.

The next day when the children came to school, they were welcomed by a new teacher. Miss Thompson had become a different person. She helped all children, but especially the slow ones, and especially Danny.

By the end of the school year, Danny showed dramatic improvement. He caught up with most of the students and was even ahead of some.

Once the school year ended, Miss Thompson didn’t hear from Danny for a long time. Then one day she received a note that read:

Dear Miss Thompson

I wanted you to be the first to know. I will be graduating second in my class.

Love Danny

Four years later another note came:
Dear Miss Thompson

They just told me I will be graduating first in my class. I wanted you to be the first to know. The university has not been easy, but I have had a good four years.

Love Danny

And, four years later:

Dear Miss Thompson

As of today, I am Danny Jones M.A. How about that? I wanted you to be the first to know. I am getting married next month, the twenty-seventh to be exact. I want you to come and sit where my mother would sit if she were alive. You are the only family I have now. Dad died last year.

Love Danny

Miss Thompson went to that wedding and sat where Danny’s mother would have sat. She deserved to be there, she had done something for Danny that he could never forget.

Miss Thompson made a difference!

I am Richard

It was a great feeling to know I was going to have my own class and make a difference, but I didn’t realise that I would face so many new challenges.

My first challenge was to begin to understand the difficulties of one child with severe speech and language difficulties and some challenging behaviour. I wanted to make a difference for this child and needed to find a way to help, but felt that I lacked the experience to know what to do. I spoke to a more experienced teacher who advised me to give it time and things would settle down. I respected this advice but I couldn’t rest, I kept worrying that I wasn’t doing enough to help.

I decided to speak to the SENCo to see if there was anything else I could do. We planned a time to meet and discuss my concerns. I already felt better, knowing I wasn’t alone. When we met we looked at reports from outside agencies, a recent speech and language report highlighted some ways I could help. She showed me how to put these into an IEP and offered ways to implement the targets. I could already see how this was going to help the child. She advised me that if I didn’t see any improvement after two IEPs that we would consider getting in touch with the Behaviour Support Team. Knowing I had the support of my SENCo and we knew we could go to the outside agencies for further help made me feel I wasn’t alone any more and that I could make a difference for the children in my class.

I made a difference!

NQT Danescourt Primary School, Cardiff
I am Hannah
In my first year behaviour management was a daunting experience. I was always worried about what everyone would think when they walked in to my classroom, but you need to remember that when children’s behaviour is difficult it is the way it’s handled in the situation that makes the world of difference.

In my first term, I had a child in my class with a specific behavioural difficulty. Being faced with the challenges this set, as well as managing a mixed age group class, was particularly demanding. I overcame this problem by firstly sharing my concerns in the ‘Identification of Needs’ section of our staff meetings, then seeking further advice from the Head Teacher/SENCo. I consulted the parents of the child and identified areas of concern, using a checklist provided by the SENCo. I completed an IEP for the child. As things did not get better I completed a referral form for a Consultation Request and following my referral, the Educational Psychologist conducted an assessment and immediately provided me with oral feedback. I was given advice about the nature of the child’s problem and different strategies to use, which helped me to gain confidence and effectively manage this child’s behaviour.

I made a difference!

NQT Heol y Cyw Primary, Bridgend

I am Kelly
I had many sleepless nights when I first faced the challenge of working with a child with behavioural problems. In hindsight it really is about taking small steps forward that really help to make the difference.

Supporting Hannah through her first referral for behaviour management was particularly beneficial as two terms down the line I faced a similar situation. Over a period of time, I observed and recorded unusual behaviour patterns with a child in my class. After speaking to the Head Teacher/SENCo and drawing upon Hannah’s experience, I completed referral forms (Consultation Request) for the Educational Psychologist to conduct an assessment. I then sought advice from a Primary Mental Health Advisor, who suggested various strategies I could use to sustain the child’s concentration and help support and manage his behaviour patterns. With advice from the SENCo, I then drew up an IBP (Individual Behaviour Plan), which outlined targets for the child’s behaviour and strategies I could use to help him achieve his behavioural targets. I encouraged the child to think of targets for his plan and I then held a review meeting with the child’s parents to explain the plan and encourage full parental support in using the same strategies at home.

I made a difference!

NQT Cwmfelin Primary School, Bridgend

In hindsight, completing our NQT year together and experiencing similar highlights and difficulties has been extremely beneficial and rewarding. As they say: a problem shared is a problem halved!

Together we made a difference!
Kelly and Hannah
What do the children say?

Below are extracts from children across Wales who have written poems inspired by the, “I am who I am because of everyone” series.

Extracts taken from poems written by Danescourt Primary School Class 5, Heol-y-Cyw Primary Class 2 and 3.
Maresa’s Story

The most important thing to me is to be part of ordinary life. I want the same experiences as other kids. I want to be allowed to learn things that need thinking about and are challenging. I want to be able to contribute with other young people to discuss what is important to me. We need to be together to do that. When we experience things together, we can learn about what we are interested in, and about each other’s life. It is important to educate schools so they change to make things better for pupils like me who need a lot of help or get very tired.

Maresa MacKeith, aged 15, has cerebral palsy.

She is a wheelchair user and uses a communication device to speak.

‘Human rights, inclusion and the voice of the oppressed’, Riser, R., 2000,

http://isec2000.org.uk/abstracts/papers_r/papers_r/indexr.htm
What do the standards say about ALN and becoming a fully qualified teacher ...

- Teachers understand how pupils’ learning can be affected by their physical, intellectual, linguistic, social, cultural and emotional development.

- They understand their responsibilities under the SEN Code of Practice for Wales, and know how to seek advice from specialists on less common types of special educational needs.

- They know a range of strategies to promote good behaviour and establish a purposeful learning environment.

- Teachers plan effectively to meet the learning needs of all pupils including, where applicable, those with identified SEN, gifted and talented pupils, and those with English or Welsh as an additional language.

*becoming a Qualified Teacher: Handbook of Guidance. Circular No: 41/2006*
In society generally we still have a lot to learn about inclusion. The Welsh Assembly Government are able to help change this through legislation at government level which is turned into policy at local authority level.

The Disability Discrimination Act 2002 sets out that schools should:

- not treat a disabled child ‘less favourably’
- make reasonable adjustments

In practice this means to...

- Eliminate discrimination and harassment and promote positive attitudes
- Promote equal opportunities and encourage participation in all areas of a setting/school life
- Improve access to the curriculum
- Make physical improvements to increase access to education and associated services
- Provide information in a range of formats
- Take specific action for children whose first language is neither English nor Welsh to help them learn both spoken and written English and/or Welsh through the curriculum
- Ensure that children are provided with material that is appropriate to their ability and previous education experience and that extends their language development and challenges them cognitively. Settings/schools should also encourage the use of children’s home languages for learning.

What does legislation say?

The Special Educational Needs Code of Practice 2002 says that schools should...

- Have an SEN or Inclusion Policy
- Appoint a named Special Educational Needs Co-ordinator (SENCo) to have overall responsibility for the children with special educational needs

Your school SENCo should have a copy of the Code of Practice and can explain this in more detail.

A number of fundamental principles’ are set out in the introduction to the Code (WAG 2002, 1:5), which include:

- The special educational needs of children will normally be met in mainstream schools and settings
- The views of the child should be sought and taken into account
- Parents have a vital role to play in supporting their child’s education
- Children with special educational needs should be offered full access to a broad, balanced and relevant education.

The procedures set out in the Code are largely concerned with regulating the process of identifying, assessing and reviewing the need of individual children with difficulties. The curriculum is encompassed in the mechanism of the Individual Education Plan (IEP), which is actuated at ‘School Action’ and sets out short-term targets set with the pupil. Teaching strategies, provision, a date for review, success or exit criteria and outcomes are all part of the IEP.
## Test Your Knowledge

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How legislation helps

Case study - Kira

Kira is a child who has Attention Deficit Hyperactivity Disorder which affects her behaviour. The school arrange an outing to the zoo. The children are excited and looking forward to going. At a staff meeting some practitioners express concern that it may be too dangerous to take Kira as she has a tendency to run off. The manager of the setting explains to Kira’s parents that they won’t be taking Kira on the trip.

In this case Kira is being treated ‘less favourably’ as she is being left behind because of her difficult behaviour; however her actions are a result of her condition.

Practitioners do have genuine concerns that need to be addressed but they also have a responsibility to make efforts to include Kira. In this case practitioners could have:

- Arranged for an extra member of staff to accompany the group
- Asked Kira’s parents if they want to join the trip – her parents are not obliged to do this, however.

For further information go to the DDA website www.disability.gov.uk

Legislation can make a difference
Session Two

Getting the right support at school
The Responsibilities of the Special Educational Needs Co-ordinator and Your Responsibilities as a Newly Qualified Teacher

- Every school has a member of staff to act as the special educational needs co-ordinator (SENCo).

- If you have a concern regarding a pupil in your class it is important to meet with the SENCo to express your area of concern.

- The role of the SENCo in relation to the role of the NQT is outlined below:

The SENCo...
- Writes and implements SEN policy.
- Liaises and offers advice to fellow members of staff on SEN issues.
- Manages the SEN team of teachers and LSA’s.

The NQT...
- Reads and is aware of the schools’ SEN policy.
- Liaises with other members of staff (Head of Department, members of senior management team) if there are concerns about a particular child. Liaises and shares concerns with the SENCo.
- Uses LSAs effectively in the classroom. Plans and prepares work for them to carry out with ALN children and delivers intervention programmes.
The SENCo...

- Co-ordinates provision for pupils with ALN.
- Determines if a child has an ALN in conjunction with outside specialist.
- Contributes to in-service training for all members of staff.
- Liaises with parents and arranges review meetings.
- Liaises with external agencies including educational psychologists, therapists, School Medical Officer, advisory teachers.

The NQT...

- Plans classroom provision for pupils with ALN including writing and implementing IEPs.
- Maintains relevant records relating to pupils’ progress.
- Attends/participates in INSET training provided.
- Contributes to review meetings when required.
- Provides information for outside agencies.
What is differentiation?

- The key to the differentiated curriculum is the flexible use by teachers of a wide range of activities and lesson organisations.

  Janet Spillman, 1991
  (http://www.pearsonpublishing.co.uk/education/samples/S_494342.pdf)

- Differentiation is matching the work to the differing capabilities of individuals or groups of pupils in order to extend their learning.

  Ofsted

- In differentiated classrooms teachers ensure that a student competes against himself as he grows and develops, more than he competes against other students.

  ‘Different learners, different lessons’ by Carol Ann Tomlinson 2002

- All pupils are entitled to a broad and balanced curriculum, delivered in a relevant and differentiated manner, enabling progression and continuity to be experienced.
How do I differentiate to suit the needs of all learners?

Some children learn easily, while others struggle. How can we as teachers make sure that every child has opportunities to develop his or her talents? The answer is differentiation: changing the pace, level, or kind of instruction in response to learners’ needs, styles, and/or interests.

Result/Outcome — assess the end product of a task or activity and decide how to move a child on.

Task — change the task or learning objective according to the child’s ability.

Recording — offer different opportunities for the child to record their work.

Support — provide the child with support from a teacher, teaching assistant, another adult or a peer.

Expectation — set a child a clear learning objective based on the teacher’s knowledge from the children’s previous achievements.

Time — allow more or less time for a child to complete a task.

Interest — motivate individual children to learn by harnessing their enthusiasm and creating opportunities for them to extend their learning.

Organisation — group children in different ways (mixed ability/same ability groups).
What is the role of support staff?

As part of a team your support staff can promote inclusion and equity of children with ALN through:

- Differentiated materials and work providing direct support to access the curriculum.
- Liaison with staff
- Helping with target setting and implementation of IEPs
- Administering intervention programmes.
How do I use Teaching Assistants?

Teaching Assistants can...

- ... support readers that have a reading age below their chronological age using a range of support activities.
- ... liaise with the NQT in relation to target setting for the IEP... support the implementation of IEP targets.
- ... make resources that will support ALN children’s learning.
- ... support ALN children’s learning in class.
- ... support the more able children allowing the teacher to work with ALN children.
- ... can support the more able children allowing the teacher to work with ALN children.
- ... create behaviour target cards to support BESD children.
- ... take small groups for differentiated problem solving maths tasks.
- ... run circle time sessions.
- ... play spelling games with small groups of children.

and so much more...
Individual Education Plans

When do I need an IEP?

You need an IEP when a child is at School Action.

What is School Action?

When a child is identified with additional needs which are ‘different from’ or ‘additional to’ other strategies provided within your classroom.

What do I need to know about IEPs?

I need to know that IEPs:

- should only record that which is additional to or different from differentiated planning
- have 3 or 4 focussed targets
- match pupils’ needs
- celebrate and build upon a child’s strengths
- are written with the child and the parents
How do I write IEPs?

My IEPs:

• have SMART targets (Short Measurable Achievable Realistic Timed)

• use simple language

• describe criteria for success

• include teaching strategies to be used (Who, What, When and How)

• include advice for parents on how they can help at home

How do I review IEPs?

I review IEPs:

• at least twice a year

• with the parents to inform them of progress made and to discuss future targets

• with the child to seek their views on their progress and set new targets
My Individual Education Plan

Name:

Date: May 2009

I am good at

Things I find difficult are

<table>
<thead>
<tr>
<th>My Targets</th>
<th>What do I need to do?</th>
<th>Who is going to help me?</th>
<th>How did I get on?</th>
<th>How can I be helped at home?</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Rabbit]</td>
<td>I need to remember to use the spelling patterns learnt in my writing.</td>
<td>My Teacher.</td>
<td>My Teacher will underline two words that I have spelt incorrectly for me to look up in the dictionary.</td>
<td>Learning weekly spelling words and looking for more words with the same pattern.</td>
</tr>
<tr>
<td>![Dog]</td>
<td>I need to look up 2 words spelt incorrectly in my work.</td>
<td>My Teacher.</td>
<td></td>
<td>Playing dictionary games.</td>
</tr>
<tr>
<td>![Duck]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>![Horse]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>![Sheep]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Class Teacher

Pupil (signed)

Parent (signed)
Reviewing progress

The child, parents and any agencies involved will need to be involved in reviewing progress.

What is the SENCo’s role

- Planning the meeting, time and venue
- Involving the child, parents and agencies
- Setting the scene
- Making introductions
- Avoiding jargon
- Collating and presenting information carefully
- Valuing contribution of others

What is the NQT’s role in the Review Meeting

- Being open and honest and sensitive to needs of parents (ensuring problems such as numbers in class/resources are not presented to parents)
- Preparation
- Identifying positives (as well as difficulties) about the child
- Acknowledging feelings of parents
Session Three

Getting the right support for children with more complex needs
School Action Plus

What is School Action Plus?

Answer — When a child is identified with additional needs which are ‘different from’ or ‘additional to’ other strategies provided within your classroom.

So what is different about School Action Plus?

Answer — Two reviews of IEPs highlights inadequate progress, outside agencies are involved and a more structured IEP is put in place.

How do I write IEP’s at School Action Plus?

Answer — IEPs at School Action Plus should follow the guidance for IEPs at School Action but also include advice from outside specialist agencies. The targets should be delivered within the normal classroom setting.
In class provision / differentiation
Teacher concerns acted upon using a differentiated curriculum
Early identification tools referred to upon advice from SENCO.

Statement of Special Educational Needs
(under 2% of children).
For a small group of complex children and young people their provision is regulated by a statement of special educational needs.

Early Years / School Action Plus
Involvement of outside agency for specialist support and advice (eg Educational Psychologist, Speech and Language Therapist, Advisory Teacher).

School Action / Early Years Action
Involvement of SENCO and Parents

Tiered provision at School Action Plus
All teachers are teachers of children with additional learning needs.
Outside Agencies

Who is who?

There are a range of specialist staff who can play an important part in helping to identify and put in place support for children and young people with ALN. Each authority has its own way of organising its support services and the usual main point of contact is your school SENCo.

Outside specialists include:

Advisory Teachers — They will vary from authority to authority. The role of the Advisory Teacher is to identify strengths and weaknesses of a pupil’s ability within the Foundation Phase curriculum. They then advise you on how to access these and make suggestions for IEP’s and strategies to help the child make progress. They will know about local schools and resources and can be especially helpful in the transition process for starting school.

Social Services — Some children may be known to Social Services and you might find that there is a named Social Worker or Family Support Worker. The Family Support Worker works with parents and carers to help them develop the confidence to play with their children. Social Services also play a role in child protection. From time to time Foundation Phase staff may be required to contribute to case reviews for the children in their care.

Social Services are also required to provide information on services for children in need and their families. This information should also be available to schools and Early Years settings.

Portage — Some LEAs also have a Portage Advisory service. Portage is a home-visiting service for pre-school children in which parents are supported in encouraging their child’s development through small steps. Although Portage services may cease when a child is in an Early Years setting, the Portage checklist can provide a useful starting point for a child’s learning.

Educational Psychology Services — Educational Psychologists (EPs) are concerned with children’s learning, well-being and development. They have skills in a range of psychological and educational assessment and intervention techniques and methods for helping children and young people who are experiencing difficulties in learning or social adjustment. They work with staff in settings and parents to assess children’s needs and to see if, together, everyone can make a difference to the child’s progress.
Speech and Language Therapists — They assess, treat and advise on the needs of children with communication, speech, language and feeding difficulties. They support and work through parents and carers and sometimes work with children individually or in small groups. They provide advice for school staff in supporting children and young people within the school setting.

Occupational Therapists — They work with children who need help in developing practical life skills because of some form of physical, psychological or social delay or disability. They provide advice and access to specialised equipment both at home and in the setting and can also support school staff in the delivery of the most appropriate curriculum.

School Nurses — School Nurses are trained nurses employed by the Health Service. In many cases they take over responsibility for children from the Health Visitor once they reach statutory school age. Often they carry out developmental checks, including hearing and vision. School Nurses work with other professionals, as part of the child health team.

Physiotherapist — A physiotherapist provides information and training as to the child’s special physical needs. This will often take the form of special exercises. A physiotherapist may teach you how to do them with your pupils, advise on positioning, movement and balance for young children with motor or physical difficulties. They advise on mobility aids, seating and positioning and how to encourage children to move as independently as possible.

Health Visitors — Health Visitors visit families at home when a child is born and also run various clinics for immunisations, sleep and general development and health issues. All children have access to a health visitor and this person can be a useful source of information when a child first joins.

Child and Adolescent Mental Health Services — These teams of professionals form a multi-disciplinary team called CAMHS. In many areas these services have been organised into four different tiers. CAMHS stresses the role of teachers, school nurses, other school staff and health visitors who are often the first or Tier 1 contact for those requiring help. Tier 2 is provided by special professionals who might be clinical child psychologists, EP, community paediatrician, community paediatric nurses, child and adolescent psychologists. Tier 3 and Tier 4 involve specialised multi-disciplinary teams for more complex difficulties.
Community Paediatrician — Each school has a designated School Doctor/School Nurse. The role of the Community Paediatric Service is to identify SEN or health needs in the pre-school setting.

They receive referrals from the Early Years setting and schools and provide medical advice to schools on how their needs can be met.
Session Four

Listening to parents and children
What is the best way of working with parents?

A parent’s journey

One of the skills that you will not have learnt about during your initial teacher training is that of working with parents. Whilst parenthood is never clearly defined it is really important to understand that for those parents of children who have additional needs, often the journey is uncertain and can have many challenges at different stages. Emily Pearl Kingsley in this powerfully illustrated story describes her own experiences and the vulnerable journey she found herself on.

Welcome to Holland
By Emily Pearl Kingsley

I am often asked to describe the experience of raising a child with a disability – to try to help people who have not shared that unique experience to understand it, to imagine how it would feel, it is like this.

When you are going to have a baby, it is like planning a fabulous vacation trip to Italy. You buy a bunch of guidebooks and make your wonderful plans..... the Coliseum, ‘Michelangelo’s David, the gondolas of Venice. You may learn some handy phrases in Italian. It is all very exciting.

After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The stewardess comes in and says: ‘WELCOME TO HOLLAND’! ‘Holland?!?! What do you mean, Holland? I signed up for Italy! I am supposed to be in Italy. All my life I have dreamed of going to Italy’. But there has been a change in the flight plan. They have landed in Holland and there you must stay.

The important thing is that they have not taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It is just a different place. So you must go out and buy new guidebooks. And you must learn a whole new language. And you will meet a whole new group of people you would never have met. It is just a different place. It is slower pace than Italy, less flashy than Italy. But, after you have been there for a while and you catch your breath, you look around and you begin to notice that Holland has windmills. Holland has tulips. Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy and they are all bragging about what a wonderful time they had there. And for the rest of your life you will stay.... ‘Yes, that is where I was supposed to go. That is what I had planned’.

And the pain of that will NEVER, ever go away, because the loss of that dream is a very significant loss.

But if you spend your life mourning the fact that you did not get to Italy, you may never be free to enjoy the very special, the very lovely things about Holland.
How do I highlight concerns to parents and carers?

Within the teaching profession you may be the first person to highlight concerns to the parents/carers about a child. It is important this is handled sensitively. The information below will help communicate your concerns effectively.

- Be as open and honest as you can
- Consider what information you need to give
- You don’t need to provide all the answers - Say if you don’t know.
- It usually helps if you stick to the facts rather than offering opinions or advice (unless expressly asked)
- Acknowledge feelings and allow space and time

What should I do if a parent or carer is distressed or angry?

- Recognising the signs - Look out for visual signs of distress or anger, such as body language. Listen carefully for changes in tone of voice and pitch.
- Let the parent/carer have his/her say.
- Use ‘I’ statements and avoid the use of ‘you’ in an accusatory way.
- Remember that you are not likely to be the direct cause of the distress or anger.
- Offer to discuss the matter in a private location.
- Summarise the key points. Avoid giving advice at this point, instead try to present the parent with choices
- Look for an opportunity to end on a more positive note.
When do the children get a voice?

The child’s voice should be at the centre of all planning, reviewing, setting targets etc.

How do I listen to children?

When working with children with additional learning needs in your classroom it is easy to feel you are not doing enough to meet their needs. Often it can be the simplest of adaptations within the classroom, or a differentiated piece of work, broken down into small steps, that can make all the difference. The key is to pitch this just right.

Listening to children and young people can really help to get a sense of their perception of their needs – in some cases this can be quite different to what we might expect.

A lot has been written about the views or experiences of children and young people. Many of these views are about issues to do with their experience of relationships with teachers and staff. Reports also list high incidence of bullying because of their difficulties. One of the most common themes is not being listened to by teaching staff. Popular teachers are those whose sensitivity allow them to know when to give children with learning difficulties time and space to complete their work and when to offer support.

Top tips for participation and what children and young people want can be found by visiting

http://www.ncd.org.uk/cdc/mohtoptipsposter/pdf
Session Five

How to help the specific needs of children and young people
Where do I go for help with specific needs?

This section includes leaflets outlining a range of additional needs that children and young people experience and includes:

- Autistic Spectrum Disorder
- Behavioural, Social and Emotional Difficulties
- Developmental Co-ordination Difficulties
- Down’s Syndrome
- English as an Additional Language
- Hearing Impairment
- Moderate Learning Difficulties
- Motor Impairments
- Specific Learning Difficulties
- Speech and Language Difficulties
- Visual Impairment
Meet Gethin
He is the school chess champion and is very good with information technology. He can also tell you everything you would ever need to know about The Lord of the Rings.

But he finds it very difficult to keep and make friends and gets very anxious at break and lunchtimes. Often, he gets into trouble because of misunderstandings or his over reaction to any minor changes that occur during the school day.

Autistic Spectrum Disorder

Facts

ASD is a term used to describe a variety of disorders associated with autism. It is important to note that individuals with ASD could range from those with severe learning difficulties to those who have above-average intelligence. People with ASD who are highly intelligent may be referred to as having Asperger syndrome or High Functioning Autism.

Autistic Spectrum Disorder (ASD) is a life long disability for which there is no known cure. It is often referred to as ‘the hidden disability’. 1 in 100 of the population have an ASD. It is more common in boys than girls.

People with an ASD have a common set of characteristics known as the Triad of Impairment. This means that they have difficulties with social and emotional understanding, all aspects of communication regardless of their language level and a lack of flexibility in thinking and behaviour. Sometimes people with ASD are not diagnosed until adulthood and this can sometimes lead to a feelings of extreme loneliness, confusion and depression.

In addition to the difficulties highlighted above, individuals with an ASD tell us about the reactions they can have to sensory stimuli. They may be distressed by certain noises, lighting, colour, tastes or smells. They make seek out visual stimulation by staring at objects from unusual angles or spinning and flicking objects under a light. They may seek physical stimulation by spinning, flapping hands or rocking and refuse to wear certain items of clothing.

In addition to the ASD, individuals may have other co-morbid difficulties such as Developmental Co-ordination Disorder or Dyslexia.

It is important to remember that each individual with an ASD is unique and will have their own specific needs and preferences. There is no ‘one size fits all’ for these children just like any others.
Autistic Spectrum Disorder

What to look for
• Low tolerance of peer group and a dislike of sharing or taking turns
• Encounters problems in social games- and often does not like to lose
• Inappropriate social behaviour or play activities
• Little or no empathy for others,
• Expresses own desires- and can appear egocentric and self- centred
• Socially aloof or awkward
• Simple social actions are often a complicated process e.g. lining up, personal space, following a conversation
• Restricted interests or an extreme focus on a particular topic e.g. trains, dinosaurs, Ancient Rome
• Needs to think carefully before responding to a question/instruction and sometimes appears not to hear what is being said
• Takes things literally e.g. ‘Pull your socks up’, ‘Get your skates on.’
• Unable to use imagination to create models or pictures
• Black and white rigid views- can often appear to be racist or sexist
• Sarcasm or subtle jokes are misunderstood or lost
• Difficulties judging the cause and effect of their own behaviour
• Extreme frustration which can lead to an aggressive outburst.
• Difficulties with organisation unless given visual instruction
• An extreme reaction to any change in routine e.g. an unexpected change in the timetable

What to do
• Observe the child in a range of activities and settings, paying attention to social interaction and communication.
• Talk to the child about any likes/dislikes he or she may have in terms of sensory issues e.g. smells, lighting, textures etc
• Build up a profile of strengths and areas of need

Some strategies are:
• Provide visual clues to the content of the lesson and make a visual timetable for the child so that he/she knows exactly what is going to happen
• Provide visual prompts during individual work sessions
• Help the child to express his/her feelings using pictorial or visual aids e.g. feelings fans, traffic lights
• Always pre warn the child of any changes that are likely to occur e.g. a fire alarm, change in staffing, Xmas concert etc
• Be predictable, consistent and reliable
• Encourage the wider social circle to adopt the same approaches
• Give the child time to process language and check for understanding
• Avoid abstract terms, jokes, figures of speech of speech or sarcasm
• Keep instructions as simple as possible
• Always begin an instruction with the child’s name. Individuals with an ASD may not think of themselves as ‘Everyone’ or ‘Class’.
• Provide opportunities for the transfer of skills these will not be automatically be transferred from one subject to another
• Provide alternative activities at break and lunch times. Many individuals find these times very stressful. Transition between lessons- and in particular changing for P.E. can also cause anxiety- so make flexible arrangements
• Give rewards that are motivational e.g. time on the computer or examining a special interest. Conventional rewards such as certificates or stickers can be meaningless to some individuals with an ASD
• Involve home- create a home-school diary.
• Examine any sensory issues in the environment – lighting, seating, smells, textures that may cause distress e.g.some young children with an ASD find the material of the carpet very uncomfortable.
• Be sensitive to issues such as lining up or eye contact and appreciate that there may be very real sensory issues here.

Where to find help
The School SENCo
Advisory or School Improvement Service
Speech and Language Therapist

Useful Websites
www.awares.org
www.nas.org.uk

Useful Books

Useful Suppliers or Specialist Resources:
The following websites are worth visiting to see a range of resources and/or video clips on ASD.
www.thegraycentre.org
www.teacch.com
www.teachers.tv
www.autismni.org
Meet Gareth
He is clever
He is a keen rugby player
He can play the guitar
He can solve maths problems

But he can’t always manage his emotions, get on with others or behave appropriately

He has behaviour that challenges

Behaviour, Social and Emotional Difficulties

Facts

People’s behaviour is a result of both their social and emotional development and their environment – physical, social and emotional.

There are many reasons why a child or young person might show behaviour that challenges the adults they learn or live with. For example they may have difficulties with learning, poor social and emotional skills, earlier experiences such as fragile attachments, going through stressful experiences, bereavement, separation and loss, difficult home circumstances, as well as conditions such as mental illness, attention hyperactivity disorder, autism spectrum disorder, phobias or anxiety.

All children and young people will show difficult behaviour at times but a few show concerning behaviour of such intensity, frequency or over a prolonged period that they might be considered to have behavioural, social or emotional difficulties.

What to look for

Children and young people with social, emotional or behavioural difficulties:

• Are likely to show the behaviour of concern frequently and across a range of situations and contexts
• May experience difficulties in making relationships with adults;
• May find it difficult to accept authority and refuse to accept the direction of adults.
• May find it hard to make and sustain friendships;
• May experience difficulties learning and playing with other children or young people:
• May find it hard to manage strong feelings such as fear, anger, frustration, anxiety or sadness or may express these feelings in ways that might be damaging to themselves or others;
• May have poor motivation, give up easily and be reluctant to try new things or challenges;
• May find it hard to focus, sustain or shift attention;
• May find it hard to cope with change and other transitions;
• May find it hard to understand and follow routines, rules and expectations;
• May be disorganised and find it hard to organise their belongings, equipment and their time;
• May find it hard to empathise with others;
• May find it hard to accept responsibility for their actions and their consequences and to learn from them;
• May be withdrawn and reluctant to participate with their peers;
What to look for ...

- May show physical symptoms of anxiety such as avoiding situations they find stressful, physical symptoms such as headaches and nausea, engage in comfort behaviours such as rocking, nail biting and engage in rituals.

What to do

Find out about the schools whole school approaches to teaching and learning, developing social and emotional skills, bullying and behaviour issues

Creating a positive classroom environment

- Ensure that activities are varied, interesting and provide appropriate challenge
- Capitalise on the child or young person’s strengths, providing activities in which they can be successful
- Provide frequent, positive feedback about work and behaviour
- Use rewards consistently and ensure that all children and young people are able to access rewards
- Make consequences for inappropriate behaviour clear and match them to the abilities of the children
- Consider the layout of the physical environment to ensure equipment is easily accessible, movement is safe and that seating is appropriate for the activity
- Provide opportunities to take responsibility for their learning and behaviour by setting targets and challenges
- Provide clarity about routines and expectations of behaviour, support children to understand and meet these expectations

Building relationships and developing skills

- Seek out opportunities to build a positive relationship for example through finding out about their interests and making time to talk about them;
- Provide supported opportunities to develop social skills and to interact with their peers in a safe situation;
- Provide opportunities to learn social and emotional skills through all aspects of the life of the school within a safe environment.

Responding to difficult behaviour

- Make rules and expectations clear, check that children and young people understand how to meet these
- Make instructions or requests specific and clear, preface with the child or group’s name and use phrases such as ‘I need you to ...’ thank you’ or ‘I want you to ...’ thanks’. Allow time for compliance by turning away and coming back later to check that they have responded
- Use least-intrusive approaches to poor behaviour first – for example proximal praise (praising others who have responded to requests), refocusing a child’s attention on the task or restating rules and expectations to the whole class
- Do not engage in arguments with children but use techniques such as ‘partial agreement’ e.g. ‘I understand that might be so, but I need you to sit quietly now, thank you.’
- Give a clear warning before providing a consequence and follow up on it
- Rebuild relationships after giving a consequence. Look for and acknowledge more positive behaviour
- Use ‘I’ messages to remind (‘I feel disappointed that...’) and ‘You’ messages to encourage (‘You know so much about...’ ‘You make me laugh when...’)
- Do not take poor behaviour personally, calm yourself before responding to behaviour that challenges you.
- Seek the support of colleagues, ask for positive strategies that others have found useful.

Where to find help

The school SENCo, behavior leader, ALN Advisory, School Improvement or Behaviour Support Service

Useful Websites

Social, emotional and behaviour difficulties association (SEBDA) www.sebda.org
Social and emotional aspects of learning (SEAL) http://nationalstrategies.standards.dcsf.gov.uk/
Behaviour 4 Learning – includes a set of materials which address the practicalities of promoting effective behavior and learning http://www.behaviour4learning.ac.uk/

Useful Books

Rogers, B 1995 Behaviour Management – A Whole School Approach, Scholastic

Rogers, B 2000 Cracking the Hard Class Paul Chapman Publishing Ltd
Meet Joe
He is a good talker
He enjoys music
And can be creative

But he can’t always
write things down well
or participate as well

Facts

Currently, there is no known cause for developmental co-ordination disorder (DCD). The difficulties are defined on the basis of a failure to gain skills in both gross and fine motor movements and which cannot be explained by a medical condition or by an impaired general learning difficulty.

DCD can have a considerable impact on the children’s lives as they struggle to master and participate in the routine everyday living and learning skills that those of a similar age manage with relatively little effort.

DCD predominantly affects around 6% of children aged 5-11 years. The condition is more commonly seen in boys and frequently overlaps with other conditions such as Dyslexia. Children do not grow out of DCD.
What to look for

**Difficulties with:**
- Balance and co-ordination in PE
- Ball skills in games
- Posture when working at the desk or in standing
- Tires more easily than peers
- Frequent falls or bumping into objects in and around the school
- Pencil control for writing and drawing
- Tool control such as scissors in art and DT
- Fine motor control for picking up, placing and manipulating objects
- Organising and sequencing work and self
- Play skills at break-time such as running games, skipping (difficulty with bike skills)
- Personal care – dressing, feeding and toileting
- Friendships or social interaction
- Attention and concentration
- Number and or language work

What to do

- Observe the child across a range of activities and settings
- Differentiate work/activities by task, support and outcome
- Involve the child.

Some strategies are:
- Provide alternative means of recording such as ‘cloze type’ worksheets.
- Develop ICT skills
- Consider alternative types of pens/pencils or use pencil grips
- Use structural indicators to assist with the sequence and flow of the lesson
- Consider the location and environment – seating, grouping, your position when teaching
- Say things more than once.

- Allow for time for the child to process information and to respond.
- Use colour and imagery to highlight key points or important details.
- Encourage other children to give assistance.
- Use ‘Talk’ to demonstrate knowledge/ideas such as ‘envoying’, ‘hot seat’, ‘listening triangles’ and ‘mini presentations’
- Invite the child to a ‘motor skills group’ which can be used to scaffold skills in the classroom

Where to find help

The School SENCo
Advisory or school Improvement Service
Outreach service

Useful Websites

- The Dyspraxia Foundation
  www.dyspraxiafoundation.org.uk
- The Dyscovery Centre
  www.dyscovery.co.uk
  www.canchild.ca

Useful Books

- Including Children with DCD/Dyspraxia in the Foundation Phase – Sharon Drew Featherstone Education

Useful Suppliers or Specialist Resources

- www.specialdirect.com
- Smart Moves Motor Skills Programme
  www.smartcc.co.uk
- Clever Fingers Programme
  www.cleverfingers.co.uk
- Free Typing Programmes
  Dance Mat (free)
  http://bbc.co.uk/schools/typing
  Tux Type
  www.educational-freeware.com/freeware/tux
Meet Noah

He is a good reader
He likes football and peanut butter
He has lots of friends
He likes responsibility-he can do jobs around school and at home

Noah understands more than he is able to tell us about so needs support to express himself

Down’s syndrome

Facts

Down’s syndrome is the most common form of learning disability. An extra chromosome gives rise to some shared physical and learning characteristics.

Children with Down’s syndrome vary as widely in their development as typically developing children; they will make progress given the right opportunities to do so.

80% of children with Down’s syndrome attend mainstream primary school.

People with Down’s syndrome are going to college, living semi independently, working and getting married.

Children with Down’s syndrome do better socially and academically when they are immersed in mainstream school and their communities.
What to be aware of

Learning Profile

- Children with Down’s syndrome have a specific learning profile. They are all individuals but have some strengths and limitations in common.

- It is important that we see the child first, understand the profile of the child and plan and support accordingly - don't just provide a diluted curriculum.

Strengths

- Visual learning - all children with Down’s syndrome navigate the world best through what they see. Written word, sign, symbol and picture are their key tools.

- Building relationships – engaging people with a strong motivation to communicate.

- Modelling behaviour – copying others, doing what others do; routine and structure.

- Kinaesthetic learners - using practical, hands on materials to understand and enjoy different concepts and experiences.

Limitations

- Weak Auditory Memory – learning through listening is difficult. Holding on to and processing lots of auditory information is problematic.

- Communication Difficulties – expressive language skills much weaker than receptive skills. Particular difficulties with hearing and reproducing speech sounds and using good, grammatical sentences.

- Delayed motor skills – fine and gross.

- Auditory and visual impairment – hearing and vision problems common.

- Avoidance strategies – developed early on in response to all of the above.

What to do

- Make life visual for the child. Use visual timetables and workboards. Use lots and lots of picture and symbol in everything the child does.

- Give the child TIME to respond. Don’t overload them with language and instructions.

- Ask them to do one thing at a time. Use visual clues and cues when communicating.

- Reinforce speech with facial expression, gesture or sign.

- Treat the child age appropriately. Expect them to do all the same things as the other children in terms of structure and routine.

- Take responsibility for the child’s learning with support from the teaching assistant. Don’t abdicate responsibility for the child to the TA, work as a team.

- Ensure the child is not overly supported by adults. Give them space to avoid tiredness and behaviours that can arise from intense one-to-one support.

- Make sure there is time for planning and preparation of differentiated resources so that the child can be accessing the curriculum as independently as possible.

- Use peers to support child.

- Start with what the child can do unsupervised and build up.

- Ensure that all staff are firm and consistent at all times. Do not allow staff or other students to ‘baby’ the child.

- Work closely with family. Communicate successes to them and listen to their expertise.

Where to find help

School SENCO
Down’s Syndrome Association
Speech and Language Therapy Service

Useful websites and resources

Down’s Syndrome Association
www.downs-syndrome.org or 0845 2300 372
Down’s Syndrome Education International
www.downsed.org
Meet Viktor
He is great at sport
Enjoys drawing
Loves to play with other children

But he can’t always make sense of what is being spoken

Understanding pupils with English as an additional language

Facts
English as an additional language (EAL) learners -
• Speak or have access to a home language which is neither English nor Welsh
• Need to use two or more languages at home and/or at school
• Are not necessarily fluent or literate in any of the languages which they use
• Are in the process of learning English at school for academic purposes

EAL learners are not a homogenous group
They vary according to:
• Cultural, religious, social and economic backgrounds
• Ethnic backgrounds
• Residency in the UK
• Previous educational experience
• Ages of entry to school in UK Support levels at home
• Academic ability
• Personality
• Learning styles
• Fluency and literacy in home language(s)
• Fluency and literacy in English

The task for EAL learners is to progress from a radically different starting point from others
• To acquire English not only for social but also for academic purposes
• To acquire English through National Curriculum content
• To develop cognitively through the new language at the same time as it being acquired
• To learn new cultural values, expectations and social skills alongside existing ones they have learned at home
What we know about the acquisition of English as an additional language

• EAL learners may take up to two years (or longer) to develop social language, i.e. playground/street/survival language. (BICS – Basic Interpersonal Communication Skills)
• It can take up to 10 years to acquire the full range of language skills needed to cope with the literacy demands of GCSE subjects. (CALP – Cognitive Academic Language Proficiency)
• One of the most powerful motivations for language learning is the need to communicate in REAL meaningful situations—the mainstream classroom.
• Bilingualism/multilingualism can be educationally enriching and has a positive effect on intellectual performance.
• EAL learners learn English in roughly the same way regardless of their first language background

Cultural Diversity
The Race Relations Amendment Act 2000 places a duty on each of us “Every learner should develop a sense of personal and cultural identity that is receptive and respectful towards others. Learning providers should plan in all subjects to develop the knowledge, understanding and attitudes which will enable all our learners to participate in our multi-ethnic society in Wales (WAG 2009)

Strategies for Supporting Learners with English as an Additional Language and New to English
Pupils learn English as an additional language in a very similar way to first language acquisition:
• repetition and experimentation
• positive reinforcement
• using visual and contextual clues
• exposure to a rich language environment, key visuals, language displays
• being safe, and experiencing positive relationships
• within a natural language environment, having a reason for learning language, motivation need to communicate

The more the pupil is included in the lesson, the more chance she/he will be motivated to succeed in acquiring the skills needed to do the same.
• Use home language if possible, incidental home language-issues of self esteem and identity.
• Buddies, group work, collaborative learning, peer marking, peer modelling
• Repetition and key vocabulary
• Use aide memoirs, send home as homework at the beginning of a topic
• Pre-teaching, use support context
• Language games, rhymes and songs

Where to find help
The School AENCo, ALNCo or Inclusion Manager
Specialist minority-ethnic achievement service in your area
ALN Advisory, Inclusion or School Improvement Service

Useful Websites
www.emaonline.co.uk
www.naldic.org.uk
www.collaborativelearning.org.uk
www.dfes.gov.uk
www.oxfam.co.uk

Useful Books and Resources
Access and Engagement at Key Stage 3 (DFES)
Excellence and Enjoyment: learning and teaching for bilingual children in the primary years (DFES)
Excellence and Enjoyment: new arrivals (DFES)
Teaching English as an Additional Language
Caroline Scott (Routledge)
English as an Additional Language: key features of practice
Liz Haslam, Yvonne Wilkin, Edith Kellett (Routledge)

Useful Suppliers or Specialist Resources
Culturally diverse resources/bilingual texts/dictionaries
www.mantralingua.co.uk
www.parrotfish.com
www.letterboxlibrary.com
www.cambridge.org
www.amazon.co.uk

Academic Texts
www.trenthambooks.co.uk
www.davidfultonpublishers
www.taylorandfrancis.co.uk
www.routledge.com
Meet Sophie
She is bright, ambitious, and sociable

But she can’t hear everything that is being said and needs teachers and pupils to understand how to communicate with her so that she can be included in all that happens in school.

Hearing Impairment

Facts

- 80% of children will experience at least one episode of glue ear by the age of ten. Glue ear is the most common cause of temporary deafness.
- Deafness is described in four levels: mild, moderate, severe and profound. Deafness in one ear only is known as unilateral.
- Around 40% of deaf children have additional needs.
- No hearing technology replaces normal hearing. Deaf children use a variety of hearing technologies including digital hearing aids, cochlear implants, bone anchored hearing aids, personal FM systems or soundfield systems.
- Deaf children may use a variety of communication modes including Spoken English (or other languages), Sign Supported English or British Sign Language (BSL). Children may have communication support workers.
- Expectations for deaf children should be as high as those for other children.

What to look for

- Does not respond when called
- Watches faces/lips intently
- Constantly asks for repetition
- Failure to follow instructions straight away or misunderstands/ignores instructions
- Watches what the others are doing before doing it themselves
- Inattentive and ‘daydreaming’
- Makes little or no contribution to group or classroom discussions
- Frequently seeks assistance from peers
- Talks either too loud or too soft
- Complains of not being able to hear
- Tired, frustrated, solitary

Any concerns should be raised immediately with the child’s parents to arrange an appointment with their GP.

All levels of Deafness can impact on:

Listening skills - a deaf child may not hear all the words that are spoken or all the individual sounds in any one word, and may also miss or misinterpret unstressed words in speech (e.g. prepositions).
Language development and literacy skills - may have a limited vocabulary as do not hear words being used in conversations around them. May also have difficulty with:

- words with several meanings (e.g. catch)
- word endings (e.g. ‘s’, ‘ed’)  
- passive sentences (e.g. the car was stolen by the boys)
- idioms (e.g. red herring, over the moon)
- verb tenses
- phrasal verbs (e.g. put on, look into, get around)
- synonyms
- complex sentences

Attention and concentration – listening/signing/lipreading for long periods of time can be very tiring.

Working memory – may have difficulty holding intermediate results in their head whilst thinking (e.g. long multiplication), or with processing new information to store in long-term memory and searching and retrieving information when it needs to be recalled.

- Auditory memory - can have difficulty retaining and interpreting large chunks of information or instructions given orally.
- Processing time – may need extra time to understand information given.
- Social skills – may not have age appropriate social skills. Participating in break time conversations/games may be difficult.
- Self-esteem – may have low self-esteem and lack confidence, especially in larger groups or with new people.

What to do

Communication

- Make sure you have the child’s attention before starting to talk, otherwise they may miss the first part of the conversation or instructions.
- Speak clearly, naturally and at a normal rate - shouting distorts lip patterns.
- Always face the child when talking to them and allow space between you and the child for signing or lipreading purposes.
- Do not cover your face with your hands or objects and do not walk around while you are speaking, as this will make it difficult for a child to read facial expressions or lipread.
- Repeat what the other pupils say, especially those who are sitting at a distance from a deaf pupil.

- Avoid having your back to a window as this creates a shadow and makes it difficult for a deaf child to read facial expressions, lipread or understand signing.
- Encourage other children to speak one at a time and raise their hand before speaking so that a deaf child is aware of who is talking.
- Use whole sentences and not single words - if a child does not understand a word, use a different word with the same meaning.
- Be familiar with a child’s equipment and know how to undertake basic trouble shooting and maintenance.

Learning environment

- Do not seat a child near noisy equipment such as computers or projectors.
- Minimise noise levels (both inside and outside the classroom) as all noise, including background noise, is amplified by hearing aids.
- Measures can be taken to improve acoustics and NDCS offers an acoustic toolkit. For more information please contact the free helpline on 0808 800 8880.

Lessons

- Allow time for children to read or look at visual aids and/or instructions before starting to teach.
- Highlight when there is a new topic of conversation. Use key words, topic headings or visual aids to set context.
- Encourage the child to state if they do not understand.
- It is vital that lesson plans are discussed with support staff.
- Give homework at a quiet time during the lesson.

Remember - no two deaf children are the same.

Where to find help

The school SENCO/ALNCO. Teachers of deaf children - employed by local authorities in a hearing impaired service or sensory support service

Useful Websites

www.ndcs.org.uk - provides free resources specifically developed for mainstream schools, including the ‘Deaf Friendly Teaching’ booklets
www.earfoundation.org.uk

Useful Suppliers of Specialist Resources

Forest Books  www.forestbooks.com
Meet Laura
She is great at netball
She is popular with her friends
She is helpful in the class

But she can’t always carry out learning tasks at the same level as her peers

She will need tasks suitable for her level of learning

Facts
Children with MLD comprise the largest group of children with special educational needs in mainstream schools. Pupils with moderate learning difficulties will have attainments well below expected levels in all or most areas of the curriculum, despite appropriate interventions. Many of these children have a delay of about three years and consequently need a high level of support within the mainstream classroom. Their needs will not be able to be met by normal differentiation. They will need much encouragement and praise to persuade them to attempt new challenges which are within their capability and develop greater independence.
**Factsheet**

**Moderate Learning Difficulties**

### What to look for

- difficulty acquiring basic literacy skills
- difficulty acquiring basic numeracy skills
- greater difficulty than their peers in understanding new concepts
- have immature listening/attention skills
- low self-esteem
- low levels of concentration
- poor motivation have some motor coordination difficulties.
- difficulties with applying what they know to other situations
- refusal to attempt new work as they perceive themselves to be likely to fail before they start

### What to do

- differentiate (simplify) class tasks
- provide alternative methods of recording e.g. labelled pictures, diagrams, flow charts
- support learning (TA support) at the beginning and end of a lesson, but encourage children to work independently whenever possible
- praise achievements
- provide a multisensory approach to learning
- ensure repetition and reinforcement within a variety of contexts
- ask children to repeat instructions in order to clarify understanding
- allow extra time to complete a task
- break down learning tasks into small steps
- help children organise their written work by using writing frames
- provide activities to develop motor skills
- keep instructions short and concise

### Where to find help

The School SENCo

### Useful Websites

www.teachingexpertise.com

### Useful Books

Special Teaching for Special Children
ISBN: 9780335214051 Published 2004
Division: Open University Press
Meet Tomas
He enjoys being with his friends
He works hard in his lessons and has a support assistant in class and PE lessons.
He has visits from his Physiotherapist, Occupational therapist and Speech & Language therapist.

But he uses a wheelchair to get about and spends time in a standing frame daily to give him a stretch
He relies on his peers for help both in class and during break times.
You need to listen carefully to understand what he’s saying.

Tomas would like to be able to support others.

Motor Impairments

Facts

Motor impairments (MI) are generally defined as a longstanding (chronic) difficulty with movement caused by a physical, genetic or medical condition.
Movement is a key component of physical, social, emotional and intellectual development so having a motor impairment can have an impact on a pupil’s overall ability to participate in the school environment. MIs are also often associated with other medical, sensory, perceptual, psychological and learning difficulties which can make participation more of an effort for them.

Some Common Conditions Affecting Motor Abilities
Cerebral Palsy (CP) – caused by damage or lack of growth to part of the developing brain either before or during birth or into infancy. It is non-progressive but the effects on posture and movement change as the child grows and develops. There is a range of severity from mild clumsiness to total body involvement.

There are 3 main types of Cerebral palsy: Spasticity (muscles feel ‘stiff’ and resistant to movement), Athetosis (frequent involuntary movements) and Ataxia (jerky movements, unsteady walking and hand function and poor spatial awareness). Depending on the area of the brain damaged, the distribution of the spasticity etc might be confined to part of one limb (Monoplegia), one side of the body (Hemiplegia), the lower limbs with only some affect in the arms and hands (Diplegia) or total body involvement (Quadriplegia).

Duchene Muscular Dystrophy (DMD) – a type of muscular dystrophy due to a fault in the genes causing progressive muscle weakness as muscle cells break down and are gradually lost. The Duchene type affects only boys (with extremely rare exceptions). Most affected boys develop the first signs of difficulty in walking at the age of 1 to 3 years and they often struggle to climb stairs. As the condition progresses boys with DMD are unable to walk as far or as fast as other children and may occasionally fall down. There may be associated moderate learning and or behavioural difficulties, which may begin to manifest at this stage commonly seen as problems with language and communication. By about 8 to 11 years, boys become unable to walk and need to use a wheelchair. By their late teens or twenties the condition is severe enough to shorten life expectancy. Most children with DMD cope pretty well in their local infant’s school and in their first few years at junior school. Manual skills, design sense and imaginativeness are often excellent.

Spina Bifida (Literally means ‘split spine’) – caused by a fault in the development of the spinal cord and the vertebrae (bones) surrounding it in the very early stages of foetal development. The most serious and common of the type of Spina Bifida is ‘Myelomeningocele’ (the spinal cord protrudes through the gap in the vertebrae and forms a cyst). Where this part of the spinal cord is not properly formed or damaged there will be paralysis and loss of sensation (usually complete numbness) and fragile bones in the body and limbs below. Depending on where the damage is along the spine the impact will vary accordingly. If the lesion is very low, the pupil may be able to walk using crutches but more often than not, a wheelchair is required.
**What to look for ...**
Pupils with motor impairments can become ‘Dis-abled’ when access to the curriculum or school environments does not meet their physical, learning, social and emotional needs. This can also include the attitude of staff and pupils to their additional needs (positive, inclusive and nurturing or negative, exclusive and prejudicial).

Having motor impairments can impact in 3 main areas:

**Direct Physical Impact e.g.**
- additional medical or nursing support to administer medication, toileting and feeding.
- frequent or prolonged absences from school due to illness, surgery or clinic appointments.
- use of special equipment for postural management (prevention of deformities or to enable function) or mobility.
- pain, cold extremities (hands and feet), sleep disorders, constipation or additional epilepsy

**Participation e.g. involvement in all aspects of school life through INCLUSION.**
- For example: pupils with CP do participate according to the level of their functional impairment but with a reduced intensity.

**Quality of Life and psychological issues e.g.**
- ‘Good days’ equate to experiencing a sense of belonging, engaging in skilful participation, sharing in the benefits of engagement and participation and having their views and contributions valued.
- ‘Bad days’ equate to being socially isolated, bullied, competence being questioned and restricted participation and engagement.

**What to do**
- Consult with the SENCO and therapy team about differentiating the curriculum and the need to use different tools and equipment.
- Involve the child and their parents – they are often very knowledgeable about the child’s condition.
- Making friends is very important so offer opportunities for developing positive relationships with their peers as informal and formal support from them will help throughout their time in school.
- Bullying is a significant issue which can damage self esteem and confidence. Be aware of any incidents and deal with according to school policy.
- Some disabled pupils feel they are treated differently from non-disabled pupils and that many teachers do not listen or understand their needs. Try to be inclusive with your time, your use of language and actions. Find out whether there is a longer processing time for movement and/or language when asking questions or giving instructions and WAIT for a response.
- Some disabled pupils have long journeys to and from school which can be tiring. They may also have disrupted sleep at night. Performance may vary during the day so look for periods of reduced attention or physical ability and adapt lessons as appropriate.
- Transition from primary to secondary and secondary to higher or further education can be a very difficult time so children need more options and more support at these times.
- Some parents can seem to be too involved in their child’s education which can lead to occasional frustration and conflict from both sides. Try to remember that they are often faced with practical and emotional difficulties when caring for their child and have often had to ‘battle’ for the services their child needs.
- If a child has not had a formal diagnosis or is newly diagnosed, the teacher is often the person who will detect changes (improvements and deterioration) and can raise concerns with the SENCO and school medical officer. Be aware of difficulties getting up and down from the floor, frequent falls or episodes of pain for example.
- There is a high incidence of associated epilepsy amongst children with cerebral palsy in particular so be aware of lapses of attention or changes in behaviour and report them to the parents/carers and school nurse.
- When a pupil in your class has a specific disorder, find time to read up about it and consider how their difficulties might impact on their ability to access learning.
- Pupils may need to use special tools or equipment to enable them to function throughout the day. You need to be aware of these but the Health and Support staff will be responsible for them. Interestingly, many pupils see their mobility aids as an extension of themselves and not as we might imagine, a barrier.
- Medical Equipment is rarely required but occasionally a pupil may require a portable respirator (for example following a high level spinal cord injury), a suction machine or a nebuliser. The SNSA will be responsible for the care and use of this equipment during the school day.

**Where to find help**
Pupils with MI are often known to a large multi-agency team of professionals. If you have concerns about the pupil’s ability to access the curriculum you can contact the:
- SENCO
- Advisory Service
- Physiotherapist, Occupational Therapist or Speech Language Therapist

**Useful Websites**
Families with Disabled Children – www.cafamily.org.uk
Muscular Dystrophy - www.dfsg.org.uk
Spina Bifida - www.asbah.org

**Useful Books**
Meet Ryan
He is willing and helpful
He tries hard to please
He enjoys martial arts
He is caring towards others

But he can’t always understand and/or express his needs

Speech and Language Difficulties/Impairments

Facts

Not all children develop speech and language as expected. Typical difficulties could include:

Articulation — Acquisition of articulatory movements could be slow or limited

Phonology/phonological awareness — Immature or disordered sound substitutions or omissions.

Syntax — Using immature or inappropriate grammar

Semantics — Not understanding the meaning of sentences, words and parts of words.

Pragmatics — Using language and/or behaviour that is socially immature or inappropriate

Within these main areas, some children or young people may have difficulties in understanding language, i.e. receptive difficulties, and some in using language, i.e. expressive difficulties. However, some have difficulties in both understanding and using language.
Speech and Language Difficulties/Impairments

What to look for

Speech
- consistent substitution of one sound for another, eg ‘sun’ becomes ‘tun’
- difficulties with cluster production, eg ‘spoon’ becomes ‘poon’
- unintelligible speech

Receptive Language
- difficulties in attention and listening
- behaving inappropriately
- difficulty following instructions
- difficulty in responding appropriately
- not understanding written language

Expressive Language
- difficulty in learning and remembering new vocabulary
- word finding difficulties
- errors with tenses
- omitting words or parts of words

Pragmatics
- talks ‘at’ rather than ‘to’
- difficulty in reading social situations
- difficulties in turn taking, use of eye contact and using appropriate tone, intonation and volume
- difficulty in understanding tone and gestures
- difficulties in forming and maintaining peer relationships

What to do

- keep instructions simple and straightforward
- use non verbal communication
- break tasks down into small steps
- use visual cues and visual timetables
- introduce concepts one at a time
- model appropriate language
- give thinking time
- use multi-sensory approaches
- consider preferred learning styles
- use school based assessments and checklists to determine level of need
- use social stories as appropriate
- use visualisation to improve the understanding of conversations e.g. comic strip conversations
- use constructive criticism

Where to find help

The School SENCo
Communication Disorders Service
AIS Advisory Service
Speech and Language Therapy (SALT)

Useful Websites
I Can www.ican.org.uk
Afasic www.afasic.org.uk
National Literacy Trust www.literacy.org.uk

Useful Books
How to identify and support children with Speech and Language Difficulties
Meet Mike
He is very “chatty”
He is an exceptional artist
He enjoys playing rugby
He is a bright young man

But he can’t always make sense of why he can’t get his thoughts down on paper

Facts

Dyslexia is a specific learning difficulty that mainly affects the development of literacy and language related skills. It is likely to be present at birth and to be life-long in its effects. It is characterised by difficulties with phonological processing, rapid naming, working memory, processing speed and the automatic development of skills that may not match up to an individual’s other cognitive abilities. It tends to be resistant to conventional teaching methods, but its effects can be mitigated by appropriately specific intervention, including the application of information technology and supportive counseling. BDA, 2007

Associated difficulties —

Developmental Co-ordination Disorder (Dyspraxia) — difficulties with motor skills.

Dyscalculia — difficulties with Maths.

Attention Deficit Hyperactivity Disorder — difficulties with concentration.

Although Dyslexia often causes significant difficulties in the classroom – it does not hinder the development of intellectual talents. Many famous people have overcome their dyslexia using their intellectual talents: Jamie Oliver; Kiera Knightly; Sir Steven Redgrave.
What to look for

Children and young people with dyslexia may:

- Have an uneven performance profile, with obvious good days and bad days; strengths in some areas and unexpected weaknesses in other areas.
- Have continued difficulty learning to read and write.
- Experience persistent and continued reversals of letters and numbers.
- Experience strange spelling, perhaps with letters missing out or in the wrong order.
- Have difficulty learning the alphabet and multiplication tables, and remembering sequences such as days of the week and months of the year.
- Take an above average time over written work.
- Have difficulty with processing oral instructions.
- Have difficulty in multi-tasking and making new skills automatic.
- Find it difficult to copy from the board.
- Find it difficult telling right from left.
- Find it difficult to organise and sequence work.
- Experience secondary emotional problems, such as low frustration tolerance, decreased self esteem and lack of motivation.
- Tire more easily than their peer.
- Have difficulties with friendship and social interaction.
- Be creative in art and with construction materials.
- Breaking down complex sets of instructions into smaller and simpler parts.
- Using colour or imagery to highlight key points or important details.
- Presenting information using a mainly visual colourful approach.
- Allowing more time to complete an activity.
- Realising the amount of written work required so that the child can complete the task with his peer group.
- Minimising time spent copying non-essentials.
- Providing alternative ways of recording, such as mind mapping.
- Develop ICT skills.

Where to find help

The School SENCo
ALN Advisory or School Improvement Service
Educational Psychologist

Useful Websites

The British Dyslexia Association
www.bda.org.uk
Dyslexia Action
www.dyslexiaaction.org.uk
iAnsyst Ltd
www.dyslexia.com

Useful Books

MacKay, N. (2005) Removing Dyslexia as a Barrier to Achievement, SEN Marketing, Wakefield

Useful Suppliers or Specialist Resources

LDA Living and Learning, Cambridge.
Tel: 01223 357744
Ann Arbor Publications, Northumberland.
Tel: 01668 214460
Learning Materials Ltd, Wolverhampton.
Tel: 01902 454026
SEN Marketing, Wakefield.
Tel: 01924 871697
Meet Gemma
She is bright, friendly and hard working

Visual Impairment

Facts
Definition:
A visual impairment (VI) means that the wearing of glasses will not correct your vision to normal. It can be defined as a loss of clear vision, loss of central vision or loss of peripheral vision – or a combination of these.

• Visual impairment ranges from those who are blind to those who are partially sighted and who have significant difficulties in accessing the curriculum.
• 80% of learning is taken in through your visual pathway.
• 2.1 per thousand of the total school population i.e. approx 13000 children in Wales (0-16) will be blind or partially sighted.
• Visual Impairment is categorised by health as severely sight impaired and sight impaired. Visual impairment is categorised for educational purposes as blind, educationally blind and partially sighted.
• Approx 60% of children with visual impairment have additional needs.
• Pupils with a visual impairment may require modification of curriculum materials. This may include, modified print, large print, Braille, audio or tactile resources.
• Pupils with a visual impairment are entitled to extra time and other concessions for internal and external examinations
• Expectations for CYP with visual impairment should be as high as those for other children.

All Local Authorities will have a Qualified Teacher of the Visually Impaired (QTVI) to give you specific advice for individuals.

What to look for ...
• Appearance of the eyes such as red, watering or sticky eyes.
• Unusual eye movements or head postures.
• Rubbing of the eyes and complaining of headaches.
• Holding learning materials too close or too far away.
• Poor concentration and attention span and can tire easily
• Regularly needing longer to complete tasks.
• Difficulty in copying from whiteboards etc.
• Frequently seeking assistance from peers
• Does the pupil run without stumbling.
• Is the pupil able to find their way in unfamiliar surroundings

Any of the above concerns should be raised with the Child or Young Person’s (CYP) family/carer and recommendation made for a vision assessment with their local optometrist/optician to rule out any possible refractive errors and the need for glasses or discussion with their GP. You may also wish to discuss your concerns with your QTVI.

Visual impairment can impact on all aspects of CYP's learning and development.

But she can’t see everything and needs teachers and pupils to understand how to help her to be included in all that happens in school.
What to do

Curriculum access:
Differentiation may be demonstrated by making materials accessible for independent learning and by individualised expected outcomes.

REMEMBER
A – Appropriate seating
C – Clutter Free
C – Contrast
E – Environment
S – Social and Emotional Well-being
S – Specialist Skills

A - Appropriate seating
• Seating should be close to the focus of the lesson
• The pupil should sit where they feel comfortable with the amount of light and glare around them.
• Consideration of glare and reflection should be made

C - Clutter free
• Ensure that board work is not cluttered with extra detail and that spacing is good
• The classroom environment should be safe with wires and cables secured.
• Corridors should be well illuminated and kept clear.
• Space for equipment and/or staffing should be available

C - Contrast
All learning materials presented should be clear and well-spaced with good contrast.
• Point 14 Arial font is recommended as a standard font for all pupils.
Recommendation of specific font size for individuals will be given by your QTVI.

E - Environment
• Keep the classroom layout the same where possible or alert the learner to any significant changes.
• Bags and clothes should be stored away in classrooms and corridors.
• Space should be available for extra equipment and/or support staff.
• There should be clear and suitable signage at the appropriate height.
• Information and displays should be at eye level.

• Ensure that there is consistent lighting throughout with no dark or too bright spots.
• Steps and stairs should be well defined/highlighted.
• Pupils may need to leave the classroom either before or after others.
• Access to power points may be required.
• The use of tactile or high contrast markings to make the identification of certain areas more accessible is good practice.

S - Social & Emotional
• Eye contact is not always possible for some pupils, so initial use of the pupil’s name is necessary.
• Interpreting body language and facial expressions can be difficult so always use verbal explanations.
• Ensure that incidental learning situations are not missed or misinterpreted.
• Some intervention with friendship groups may be necessary in the first instance.
• Some pupils may require quiet time to absorb concepts and time to switch off.

S - Specialist skills
• The CYP with visual impairment may require longer to complete tasks.
• Your teaching style will need to be creative and reflect the needs of the pupil. A multi-sensory approach to learning and good verbal consolidation of concepts is vital.
• Mobility, touch typing, independent living skills may need to be integrated into the CYP’s weekly timetable.

Remember no two Children or Young People with a visual impairment are the same.

“Good practice for children and young people with a visual impairment is good practice for all.”

Where to find help

The School SENCo/ALNCo
Qualified Teacher of the Visual Impaired

Useful Websites
www.rnib.org.uk
www.nbcs.org.uk
Session Six

How well am I doing?
# How am I doing in the setting?

**NQTs should consider:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you spend a proportion of your PPA time on planning for children with ALN?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you spend any of your additional NQT time on planning for children with ALN?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Pre-planning Information about the child.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Have you been given information on the nature and degree of difficulty and the access needs of the child?</td>
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<td></td>
</tr>
<tr>
<td>• Have you been shown or do you know how the children’s access needs and personal care needs will be met?</td>
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</tr>
<tr>
<td>• If you don’t know how the child’s needs will/can be met have you sought advice from the SENCo, Head or Deputy or from other agencies such as Educational Psychologists, Advisory ALN Service or Health Professionals?</td>
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<td>• Is there a system in place to pull in relevant information between staff and school?</td>
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<td>4. Is there an ethos of:</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>• Collaborative working?</td>
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<tr>
<td>• Mutual respect within your school?</td>
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<tr>
<td>• Are you clear about how to deal with bullying and harassment in the class?</td>
<td></td>
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<tr>
<td>5. How will you support the needs of all learners within your classroom?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Have you considered:</td>
<td></td>
<td></td>
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<tr>
<td>• Timing........................................</td>
<td></td>
<td></td>
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<tr>
<td>• Variation of activities..................</td>
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<tr>
<td>• Differentiation............................</td>
<td></td>
<td></td>
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<tr>
<td>• Reinforcement of key ideas.............</td>
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<tr>
<td>• Extension work...............................</td>
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<tr>
<td>• Recall of previous work..................</td>
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<td>• Links to future work......................</td>
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<tr>
<td>• Clear instructions..........................</td>
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<tr>
<td>• Will the content of the activity include all children from the beginning?</td>
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<tr>
<td>• Will there be sufficient variation in activities and pace to engage all?</td>
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<tr>
<td>• Are you able to access specially adapted equipment for some children to enable them to participate fully?</td>
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<tr>
<td>• If not, can an alternative way be found?</td>
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</tbody>
</table>
5. Use of Existing Support staff
- Have you met with or communicated with support staff before the activity?
- How are you going to use other adult support in the classroom?
- Does their use allow all children to be equally included in the classroom?
- If you are using support staff for withdrawal, do you know the children are gaining from this?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

6. Classroom organisation
- Is seating carefully planned and/or the activity accessible for children with:
  - Mobility impairments (circulation space, table height)
  - Hearing impairments (sight line for lip reading/interpreter/no glare)
  - Visually impaired (maximise residual sight, if touch can reach)
  - Children with challenging behaviour (in adult gaze; near to adult for eye contact)
  - Learning difficulties who need a lot of support, (next to peer supported)
  - Short attention span (distraction free zone)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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7. How will you deal with unexpected incidents
If you have an unexpected incident eg evacuation, fainting or fits, incontinence, medical emergency - do you have a plan in place?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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8. Do you ensure that all children feel equally valued through their experiences of:
- The allocation of support staff time
- Being listened to/paid attention to
- Being respected
- Achieving
- Interacting with their peers?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

9. How will you assess the outcomes?
- Do you use the data available for assessing the achievements of all?
- Have you looked at alternative forms of assessment? eg video-recording progress

<p>| Yes | No |</p>
<table>
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<tr>
<th>What was noticed?</th>
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<tr>
<th>What could this tell you?</th>
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<tr>
<th>What do I do next?</th>
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