



All pupils at Scott Wilkie Primary School receive ‘quality first teaching’. Where needs arise we provide additional support in the following ways:

	Signals	Actions	Organisation of support	Aims
MLD (Moderate Learning Difficulty)	Inadequate progress with widening gap	Reading 1-1 RWI 1-1 reading	Targeted classroom support Targeted TA group support Targeted 1:1 TA support Box Clever Reading boosters (KS2) Reading buddies (KS2 support KS1)	Gap between child and peers narrows.
		Writing Colourful Semantics Small group teaching	Targeted classroom support Targeted TA group support Talk for Writing Hold a sentence/write a sentence Talking Partners	

		SNIP Literacy Programme	Talking tins	
		Maths	Targeted classroom support Targeted TA group support Teacher led small group Pre- skills teaching Maths boosters/Maths Interventions	
		Dyslexia Assessment Referral to Complex Needs and Dyslexia Service	Initial assessment followed by intensive literacy support	If pupil makes less than 6 months progress on chronological age diagnosis of dyslexia may be given and dyslexia programme will be followed. Gap between child and peers narrows.

		Referral to: Educational Psychologist Learning Support Service	<u>Agency</u> Make a range of assessments In collaboration with school devise a support programme Regularly review progress and update programme <u>School</u> Deliver programme Create resources Monitor progress	Gap between child and peers narrows.
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<p>SLCN – Speech, Language and Communication Needs</p>	<p>Difficulty understanding instructions that are not part of everyday routine Difficulty with spoken and/or written language including limited vocabulary, word order, clarity of speech. Poor progress, and sometimes frustration, in language- based activities but better progress and strengths in other areas. Has been in English speaking school for more than 18 months. Limited progress after school- based intervention</p>	<p>EYFS/KS1 Box Clever Nellie Buy in SLT</p> <p>KS2 Talking Partners</p>	<p>TA led group learning language through play. SALT led Workshop advising parents on ACI SLT running ‘Teaching Children to Listen’ Core board Language Enrichment groups running twice a week Targeted ACI Sounds around Nellie programme run daily in reception classes</p> <p>Visual support in the classroom Short instructions Differentiated learning tasks Scaffolded learning Language Enrichment groups</p> <p>Take advice from Speech and Language therapist</p>	<p>Difficulties reduce, child’s expressive and receptive language improves, able to communicate at age-appropriate level, child able to access the curriculum</p> <p>Gap between child and peers narrows.</p>
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		<p>SALT referral leading to speech and language assessment</p>	<p>Delivery of suggested programme by specialist TA either in a small group, pair or 1:1 Progress regularly assessed by SLT and programme updated If required additional TA support for core curriculum</p>	<p>Difficulties reduce, child's expressive and receptive language improves, able to communicate at age-appropriate level, child able to access the curriculum</p> <p>Gap between child and peers narrows</p>
		<p>LCIS (Language, Communication Interaction Service) referral Diagnosis – severe (specific) language disorder: Language Enrichment Groups Social Skills Lego Therapy CDS referral</p>	<p>A Request for an EHCP which if approved will come with High Needs Funding, this may be made in order to provide more intensive support which could include 1-1 support in core areas of the curriculum. Signing Delivery of SaLT programme by specialist TA with 1:1 follow up Annual review of provision for children with HNF and EHCP's Coffee mornings for parents</p>	

			Specialised planning for pupils using SCERT's and Assess, plan do and review	
Behaviour, Social, Emotional or Mental Health Difficulties	Pupil: Struggling with peer and /or adult interactions Showing anxiety, poor self-esteem, bullying or being bullied, reluctance to attend school	Learning mentor support: Reward Charts Behaviour Plan Nurture Group Lunch Club Circle of Friends Sports Coach Support from CAMH's worker assigned to school	Allocated TA's may: Give additional support at key times during the day e.g. on arrival, playtime, in class to boost confidence etc Offer incentives such as reward charts Support children through difficult periods Support transition to secondary school Regular programme of individual or group sessions	Child emotionally regulated Demonstrating appropriate social behaviour Able to access the curriculum
	Learning adversely affected by inappropriate behaviour acute or ongoing situation such as bereavement, separation, transition.	Referrals to one or more of the following services: Educational Psychologist (EP) Behaviour Support Service (BSS) Child & Family Consultation Service (CFCS) Child Development Service (CDS)	<u>EP</u> Parent/Pupil/school interviews Pupil Assessments including cognitive <u>BSS</u> Parent/pupil/school interviews Observations Programmes Behaviour Plan <u>CFCS</u> Pupil/parent meetings Counselling Assessment, occasionally leading to a diagnosis	Child emotionally regulated Demonstrating appropriate social behaviour. Able to access the curriculum.

		<p>Reintegration into Education (REIT) for assessment</p> <p>School requests specialist EBD provision through EBD SNAP</p>	<p>Psychotherapy</p> <p>School</p> <p>Assist in assessment</p> <p>Follow programmes/suggestions</p> <p>Individual Care/behaviour plan</p> <p>Professionals Meetings</p> <p>TA support for key transitions and school visits</p> <p>Dual placement with Phoneix provision through New Directions and Tunmarsh</p>	<p>Child emotionally regulated.</p> <p>Demonstrating appropriate social behaviour.</p> <p>Able to access the curriculum in mainstream education.</p>
VI (Visual Impairment)	Difficulty with handwriting, copying, lack of progress in	Ask the parent/carer to arrange an eye test.		Gap between child and peers narrows.

	reading, difficulty reading from board or sometimes book.	If glasses prescribed ensure child wears them at suggested times		
	Difficulties persist when a child wears glasses and has a prescription that indicates adjustments to the learning environment may be necessary.	Referral to or support arranged by Sensory Service.	<p>Precise adjustments to be made by school, recommended by Sensory Service that may include:</p> <p>Advice on seating position in classroom</p> <p>Texts and test resources in modified print</p> <p>Minimum font size and background colour for IWB</p> <p>Modified homework and classroom resources, e.g. recommended font size, 2B or 4B pencil, exercise books with bold lines or squares, tactile ruler, writing slope or teaching of braille</p> <p>Extra time for reading and writing tasks including tests.</p> <p>Seat child near to and facing the front</p> <p>Support with medication such as eye drops in line with the Care Plan.</p> <p>Sensory Service will carry out regular sight checks in school.</p>	Able to access all areas of the curriculum.
HI (Hearing Impairment)	Child: With poor attention, difficulty with speech including speech sounds, shouting or	Inclusion Manager ask school nurse to arrange a hearing test. If hearing impairment diagnosed child may	Sit the child near to and facing the teacher. If hearing impairment is diagnosed follow advice from audiology including reducing background noise when possible. Glue ear may come and go.	Gap between child and peers narrows

	speaking too quietly, socially isolated. Looking closely at face of speaker or turning head to one side to listen, visible wax in ears	have grommets fitted if the cause is glue ear.	If a child has grommets in Year 5 s/he may not be allowed to swim or need ear plugs – Care Plan required.	
		Audiology may recommend single or bilateral hearing aids. Sensory Service will support child using these in school.	Hearing levels monitored Progress monitored SLT programme delivered by specialist TA	Able to access all areas of the curriculum
		Electronic transmitters may be recommended if a child struggles with hearing aids in the classroom.	Trained TA to take responsibility for care and maintenance of equipment Teachers or adults delivering lessons wear devices.	

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ASD (Autistic Spectrum Disorder)	<p>Child has: Difficulty in social interactions Obsessional behaviour Difficulties with change High sensory needs e.g. desiring or disliking certain noise, touch, smell, lights, movement. Communication difficulties Challenging behaviour</p>	<p>Refer to CDS (if not already known to this service) who may do ADI and/or ADOS tests. The result of testing may lead to a diagnosis of ASD. Refer to LCIS who will: Observe child in a range of situations, talk to SENCO, teacher, teaching assistant, parent Suggest range of strategies Meet parents, refer to CFCS</p>	<p>Application to Newham for EHCP Follow advice from LCIS that may include: SCERTS Photo Keyring Visual Timetable Core boards Social Skills Programme Intensive Interaction Adapted curriculum (gym, swimming, horse-riding) Toilet training Increased levels of support at key times Pupil Passport Movement and Turn-taking group LEG group</p>	<p>Difficulties reduce, child's spoken language improves, able to communicate at age appropriate level, child able to access the curriculum.</p>
		<p>If difficulties persist and interfere with the child's ability and/or their peer's ability to learn application for High Needs Funding (HNF) may be made in order to provide additional resources for learning</p>	<p>One to one support Sensory curriculum Sensory circuit Individualised curriculum Objects of reference/Core board Emotion keyring SCERTS programme Visual timetable Intensive Interaction</p>	<p>Child emotionally regulated. Demonstrating appropriate social behaviour. Able to access the curriculum Gap between child and peers narrows.</p>

			<p>Toilet training Reading for meaning Colourful Semantics Soft Play Horse riding Parent meetings Annual Review Pupil Passport 'The One Plan' Sensory Circuits</p>	<p>Difficulties reduce; child's expressive and receptive language improves, able to communicate at age- appropriate level, child able to access the curriculum. Child emotionally regulated.</p>
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<p>PD (Physical Difficulty)</p>	<p>Child has congenital or acquired physical that may be long-term/permanent or short-term</p>		<p>Care Plan Special dietary arrangements Pupil Passport Make reasonable adjustments for access to learning environment and curriculum Specialist training for staff working with children with medical or physical needs</p>	<p>Demonstrating appropriate social behaviour. Able to access the curriculum. Gap between child and peers narrows Child's health care and physical needs met. Able to access the curriculum Gap between child and peers narrows.</p>
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Complex Needs	Child has a range of difficulties that indicate needs in several of the above categories. He/she may also have health needs.	Meet parents Liaise with medical professionals OT referral		Child's health care and physical needs met. Able to access the curriculum Gap between child and peers narrows.
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		<p>Make a referral to CDS if not already known to this agency. Make referral to Complex Needs and Dyslexia Service (CNDS) Occupational therapy (OT) Liaison with medical professionals Range of observations and assessments will be made from which a programme will be suggested. If the level of need requires considerable additional resources including high levels of adult support application for High Needs Funding (HNF) may be made.</p>	<p>Follow advice of CNDS that may include: Care Plan Individualised curriculum Identify time of particular difficulty and increase level of support and/or make reasonable adjustments to usual provision Following a Care Plan that may include support with toileting needs Special dietary arrangements</p> <p>The 'One Plan'</p> <p>Augmentative and Alternative Communication Device</p>	
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