



2024-2025

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
<b>MLD (Moderate Learning Difficulty)</b>	Inadequate progress with widening gap	<b>Reading</b>  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.
		<b>Writing</b>  Colourful Semantics Small group teaching SNIP Literacy Programme	Targeted classroom support Targeted TA group support Talk for Writing Hold a sentence/write a sentence Talking Partners Talking tins	

		<p><b><u>Maths</u></b></p>	<p>Targeted classroom support  Targeted TA group support  Teacher led small group  Pre- skills teaching  Maths boosters/Maths Interventions</p>	
		<p><b>Dyslexia Assessment</b></p> <p>Referral to Complex Needs and Dyslexia Service</p>	<p>Initial assessment followed by intensive literacy support</p>	<p>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.</p>
		<p><b>Referral to:</b>  Educational Psychologist  Learning Support Service</p>	<p><b><u>Agency</u></b>  Make a range of assessments  In collaboration with school devise a support programme  Regularly review progress and update programme</p> <p><b><u>School</u></b>  Deliver programme  Create resources  Monitor progress</p>	<p>Gap between child and peers narrows.</p>

<p><b>SLCN – Speech, Language and Communication Needs</b></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><b>EYFS/KS1</b>          Box Clever          Nellie          Buy in SLT          LEG groups</p> <p><b>KS2</b>          Talking Partners</p> <p>SALT referral leading to speech and language assessment</p>	<p>TA led group learning language through play.          SALT led Workshop advising parents on ACI          SLT running ‘Teaching Children to Listen’          Core board/visuals          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> <p>Difficulties reduce, child’s expressive and</p>
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			<p>Delivery of suggested programme by specialist TA either in a small group, pair or 1:1</p> <p>Progress regularly assessed by SLT and programme updated</p> <p>If required additional TA support for core curriculum</p>	<p>receptive language improves, able to communicate at age-appropriate level, child able to access the curriculum</p>
		<p>LCIS (Language, Communication Interaction Service)referral</p> <p>Diagnosis – severe (specific) language disorder:</p> <p>Language Enrichment Groups</p> <p>Social Skills</p> <p>Lego Therapy</p> <p>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.</p> <p>Signing</p> <p>Delivery of SaLT programme by specialist TA with 1:1 follow up</p> <p>Annual review of provision for children with HNF and EHCP's</p> <p>Coffee mornings for parents</p> <p>Specialised planning for pupils using SCERT's and Assess, plan do and review.</p>	<p>Gap between child and peers narrows</p>

<b>Behaviour, Social, Emotional or Mental Health Difficulties</b>	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 School Counsellor	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 and Adolescent Mental Health Services (CAMHs) Child Development Service (CDS)	<b>EP</b> Parent/Pupil/school interviews Pupil Assessments including cognitive <b>BSS</b> Parent/pupil/school interviews Observations Programmes Behaviour Plan <b>CFCS</b> Pupil/parent meetings Counselling CAMH's student worker in school once a week working with parents of pupils who have emotional needs	Child emotionally regulated Demonstrating appropriate social behaviour. Able to access the curriculum.  Child emotionally regulated.

		<p>Reintegration into Education (REIT) for assessment</p> <p>School requests specialist EBD provision through EBD SNAP</p>	<p>Assessment, occasionally leading to a diagnosis</p> <p>Psychotherapy</p> <p><b>School</b></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>Demonstrating appropriate social behaviour.</p> <p>Able to access the curriculum in mainstream education.</p>
<b>VI (Visual Impairment)</b>	<p>Difficulty with handwriting, copying, lack of progress in reading, difficulty</p>	<p>Ask the parent/carer to arrange an eye test.</p> <p>If glasses prescribed ensure child wears them at suggested times</p>		<p>Gap between child and peers narrows.</p>

	reading from board or sometimes book.			
	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.
<b>HI (Hearing Impairment)</b>	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.	



<b>ASD (Autistic Spectrum Disorder)</b>	<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.</p> <p>Refer to LCIS who will:          Observe child in a range of situations, talk to SENCO, teacher, teaching assistant, parent          Suggest range of strategies</p> <p>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          Bucket groups          Sensory Circuit          Swimming</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/targeted support          Sensory curriculum          Individualised curriculum          Objects of reference/Core board          Emotion keyring          SCERTS programme          Visual timetable          Intensive Interaction          Toilet training</p>	<p>Child emotionally regulated.          Demonstrating appropriate social behaviour.          Able to access the curriculum          Gap between child and peers narrows.          Difficulties reduce; child's expressive and</p>

<b>PD (Physical Difficulty)</b>	Child has congenital or acquired physical that may be long-term/permanent or short-term		<p>Reading for meaning          Colourful Semantics          Soft Play          Horse riding          Parent meetings          Annual Review          Pupil Passport          'The One Plan'          Sensory Circuits</p>	<p>receptive language improves, able to communicate at age-appropriate level, child able to access the curriculum.          Child emotionally regulated.          Demonstrating appropriate social behaviour.          Able to access the curriculum.          Gap between child and peers narrows</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>Child's health care and physical needs met.          Able to access the curriculum          Gap between child and peers narrows.</p>
		<p>Meet parents          Liaise with medical professionals          OT referral</p>	<p>Child's health care and physical needs met.          Able to access the curriculum          Gap between child and peers narrows.</p>	
<b>Complex Needs</b>	Child has a range of difficulties that indicate needs in several of the above categories. He/she may also have health needs.			

		<p>Make a referral to CDS if not already known to this agency.</p> <p>Make referral to Complex Needs and Dyslexia Service (CNDS)</p> <p>Occupational therapy (OT)</p> <p>Liaison with medical professionals</p> <p>Range of observations and assessments will be made from which a programme will be suggested.</p> <p>If the level of need requires considerable additional resources including high levels of adult support, application for an EHCP</p>	<p>Follow advice of CNDS that may include:</p> <p>Care Plan</p> <p>Individualised curriculum</p> <p>Identify time of particular difficulty and increase level of support and/or make reasonable adjustments to usual provision</p> <p>Following a Care Plan that may include support with toileting needs</p> <p>Special dietary arrangements</p> <p>The 'One Plan'</p> <p>Assess, plan, do, review</p> <p>Augmentative and Alternative Communication Device</p>	
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