

My SEN Support plan

Name: Sally Smith

Year group: R	DOB: 10.02.2018	Class: Oak	Teacher: Mrs Jones
SEN Stage: SEN Support	Plan number: 2	Date started: Jan 2023	Review date: April 2023



<p>External agent involvement: Advice sought through core consultation. Referral made to inclusion team for support Feb 2023.</p>
<p>What I like/ am good at: Climbing in the playground in the park. Playing with my toys. Looking at books with mummy and daddy.</p>
<p>What I find difficult: Changes to my routine. Being independent, getting dressed and going to the toilet. Focusing on an activity for more than a few minutes.</p>

Linked support plans:

Positive behaviour support plan Individual health care plan Intimate care plan PEP Early Help

Other:

Identified education needs (1 is low level of need and 7 is high level of need)

Speech and language	Social communication and interaction	Cognition and learning	Social, emotional and mental health	Deafness	Visual Impairment	Physical disability, physical and neurological impairment, medical, independence and sensory
1	2	3	4	0	0	2

Identified Education Needs	Reasonable adjustments in the classroom
<p>Communication and Interaction – delayed language development. Speaks in short phrases. Has not developed meaningful friendships and does not engage in interactive play with her peers.</p>	<ul style="list-style-type: none"> Support Sally to communicate wants/needs using limited choices e.g. a choice of 2 toys and wait for her to indicate which one she wants Teach and model socially appropriate ways of communicating with others, including gaining children’s attention and requesting a toy or activity

Exemplar 1 Primary SEN Support Plan with INDES

	<ul style="list-style-type: none"> • Regular opportunities to engage in supported play with one other peer, extending to small groups. Adults to sensitively structure and scaffold the play to provide support around the language of play and to prompt interactions • Adults will model play and interaction skills for Sally to extend her play skills
<p>Cognition and learning – limited attention and concentration. Not yet ready to engage in formal learning activities.</p>	<ul style="list-style-type: none"> • Sally will have a high level of adult support in order for her to engage in play and learning opportunities and to help her make positive steps of progress • Staff will use “first and then” boards for Sally to see what she is required to do at each stage of the day
<p>SEMH – struggles to regulate her emotions. Difficulties with impulse control and can kick or lash out unexpectedly. Transitions and any changes to routine are a challenge.</p>	<ul style="list-style-type: none"> • Sally will have targeted support to help her understanding of her emotions and ways to regulate them and bring her back to a calm state using Norfolk Steps approaches (refer to behaviour plan for more detail) • Staff will use objects of reference to help prepare Sally for transitions during the day and where possible will introduce a motivating activity to support transitions between outdoor and indoor play for example • Safe space identified in the classroom
<p>Sensory/and or physical – some sensory processing needs which impact on ability to engage in learning. Struggles in noisy or busy environments. Is not yet independent with toileting/self-care.</p>	<ul style="list-style-type: none"> • Sally will have a personalised sensory activity plan that provides the sensory input she needs to stay regulated throughout the day • Try ear defenders when it is noisy
<p>Health needs</p>	<ul style="list-style-type: none"> • My family are going to the GP about suspected glue ear
<p>Social care needs</p>	<ul style="list-style-type: none"> • None

Exemplar 1 Primary SEN Support Plan with INDES

Short term targets – provision ‘additional to and different from’

Area of need	What do we want to see? My target:	What will we do?	Who’s going to help me and when?	Review How did I do?
Communication and interaction – social interaction	Sally can take turns with 1-2 peers in an adult-led motivating activity.	<p>Daily planned play sessions with a trusted adult.</p> <p>Adults will model play and interaction skills for Sally. Verbal prompts will be used such as “my turn, your turn” to explain turn taking. This will be supported by visual prompts such as stop/go gestures or images. Once Sally has mastered turn taking with one other person, another person can be introduced into the game.</p>	Teacher and TA Daily 10-15 mins	
Cognition and learning	Sally can engage in a 2-3 minute highly motivating adult led activity.	<p>Use “first and then” boards for Sally to see what she is required to do.</p> <p>Short bursts of focused one to one intervention with an adult (2-3 minutes initially) followed by an activity of choice.</p> <p>Precision Teaching approaches to support 1:1 phonics and numeracy using multi-sensory approaches and play.</p>	Teacher and TA 2-3 minutes at regular intervals throughout the day	
SEMH	Sally can identify basic emotions such as happy, sad and angry and is able to express these feelings to adults.	<p>Identify simple emotions using visual symbols. Initially starting with happy, sad and cross and as Sally becomes more familiar with these, move on to more complex emotions such as worried or excited.</p> <p>Staff will name Sally’s emotions for her in the moment and provide comfort and reassurance if she is</p>	Short daily targeted teaching session with teacher or TA and embedded throughout daily curriculum	

Exemplar 1 Primary SEN Support Plan with INDES

		<p>distressed. They will use distraction techniques using highly motivating objects, toys and activities.</p>		
Sensory/Physical	<p>Sally will be able to go to the toilet with some adult support.</p>	<p>Provide regular multi-sensory input to support Sally to stay regulated throughout the day.</p> <p>Toileting supported by consistent trusted adult(s). Visual timetable. Use a social story to teach Sally the steps and use a visual reminder of this each time before going to the toilet. Intimate care plan agreed with parents.</p> <p>Praise and reward independence. e.g. extra time with a special toy or something particularly enjoyable</p>	TA(s)	

Area of Need	1	2	3	4	5	6	7
Speech and Language	<ul style="list-style-type: none"> - Development is not in-line with the typically developing child or young person (CYP) - An aspect of communication does present difficulties, as checked by use of recognised communication screen. Communication is not following a typical developmental pattern in relation to chronological age and is not developing in line with other skills. - One aspect of communication is presenting difficulties, as identified by use of recognised communication screen. Communication is following a typical developmental pattern but is delayed by 6-12 months. It is developing in line with other skills but impacting on literacy and ability to access the curriculum - Four aspects of communication are presenting difficulties. Communication following typical developmental pattern but is delayed by 6 – 12 months or is not following a typical pattern of development in one or more aspect. Communication developing in line with other skills but impacting on literacy and ability to access the curriculum - CYP is not able to effectively and consistently communicate with range of people and in a range of situations 	<ul style="list-style-type: none"> - One aspect of communication is presenting difficulties as identified by use of recognised communication screen. Communication is following a typical developmental pattern but is delayed by 6 – 12 months or is not following a typical pattern of development in one aspect. It is developing more slowly than other skills, with a gap of 6 – 12 months - Two/Three aspects of communication are presenting difficulties as identified by use of recognised communication screen. Communication is following a typical developmental pattern but is delayed by 6-12 months Communication developing in line with other skills but impacting on literacy and ability to access the curriculum - Four aspects of communication are presenting difficulties. Communication following typical developmental pattern but is delayed by 12 – 24 months or is not following a typical pattern of development in one aspect. Communication developing more slowly than other skills, with a gap of 6 – 12 months - CYP is not able to effectively communicate with range of people (both familiar and unfamiliar). CYP will be unable to communicate in a range of situations for 25% of the time 	<ul style="list-style-type: none"> - One aspect of communication is presenting difficulties as identified by use of recognised communication screen. Communication is following a typical developmental pattern but is delayed by 12 – 24 months or is not following a typical pattern of development in two or more aspects. It is developing more slowly than other skills, with a gap of 12 -24 months - Two/Three aspects of communication are presenting difficulties as identified by use of recognised communication screen. Communication is following a typical developmental pattern but is delayed by 6 – 12 months or is not following a typical pattern of development in two aspects and is developing more slowly than other skills, with a gap of 6 – 12 months - Four aspects of communication are presenting difficulties Communication following typical developmental pattern but is delayed by 12 – 24 months or is not following a typical pattern of development in one aspect. Communication developing more slowly than other skills, with a gap of 12 -24 months - CYP is not able to effectively communicate with range of people (both familiar and unfamiliar). CYP will be unable to communicate in a range of situations for 25% of the time 	<ul style="list-style-type: none"> - One aspect of communication is presenting difficulties as identified by use of recognised communication screen. Communication is following a typical developmental pattern but is delayed by 12 -24 months or is not following a typical pattern of development in two or more aspects. Communication developing more slowly than other skills, with a gap of 12 -24 months - Two/Three aspects of communication presenting difficulties as identified by use of recognised communication screen. Communication following typical developmental pattern but is delayed by 12 – 24 months or is not following a typical pattern of development in two or more aspects Communication developing more slowly than other skills, with a gap of 12 -24 months - Two/Three/Four aspects of communication are presenting difficulties. Communication following typical developmental pattern but is delayed by 3 – 4 years or is not following a typical pattern of development in all aspects. Communication developing in line with other skills but impacting on literacy and ability to access the curriculum - Three/Four aspects of communication are presenting difficulties Communication following typical developmental pattern but is delayed by more than 4 years or is not following a typical pattern of development in all aspects. Communication developing in line with other skills but impacting on literacy and ability to access the curriculum - CYP is not able to effectively communicate with range of people (both familiar and unfamiliar). CYP will be unable to communicate in familiar situations for 25% of the time 	<ul style="list-style-type: none"> - One aspect of communication presenting difficulties as identified by use of recognised communication screen. Communication following typical developmental pattern but is delayed by 24 – 36 months or is not following a typical pattern of development in two or more aspects Communication developing more slowly than other skills, with a gap of 24 – 36 months - Two/three aspects of communication presenting difficulties as identified by use of recognised communication screen. Communication following typical developmental pattern but is delayed by 24- 36 months or is not following a typical pattern of development in three or more aspects Communication developing more slowly than other skills, with a gap of 12 -24 months - Three/Four aspects of communication presenting difficulties as identified by use of recognised communication screen. Communication following typical developmental pattern but is delayed by more than 3 - 4 years, or is not following a typical pattern of development in all aspects Communication developing more slowly than other skills, with a gap of 12 -24 months - CYP is not able to effectively communicate with familiar people. CYP will be unable to communicate in a range of situations for 25% of the time 	<ul style="list-style-type: none"> - One aspect of communication presenting difficulties as identified by use of recognised communication screen. Communication following typical developmental pattern but is delayed by 3 – 4 years or is not following a typical pattern of development in three or more aspects Communication developing more slowly than other skills, with a gap of more than 3 years - Two/Three aspects of communication presenting difficulties as identified by use of recognised communication screen. Communication following typical developmental pattern but is delayed by 3- 4 years or is not following a typical pattern of development in all aspects of communication developing more slowly than other skills, with a gap of 24 – 36 months - Three/Four aspects of communication presenting difficulties as identified by use of recognised communication screen. Communication following typical developmental pattern but is delayed by more than 3 – 4 years or is not following a typical pattern of development in all aspects Communication developing more slowly than other skills, with a gap of more than 24 – 36 months - CYP is not able to effectively communicate with familiar people. CYP will be unable to communicate in familiar situations for 25% of the time 	<ul style="list-style-type: none"> - One aspect of communication presenting difficulties Communication following typical developmental pattern but is delayed by more than 4 years or is not following a typical pattern of development in all aspects Communication developing more slowly than other skills, with a gap of more than 3 years - Two/Three aspects of communication presenting difficulties as identified by use of recognised communication screen. Communication following typical developmental pattern but is delayed by 3- 4 years or is not following a typical pattern of development in all aspects Communication developing in line with other skills but impacting on literacy and ability to access the curriculum Communication developing more slowly than other skills, with a gap of 24 – 36 months - Four aspects of communication presenting difficulties as identified by use of recognised communication screen. Communication following typical developmental pattern but is delayed by more than 4 years or is not following a typical pattern of development in all aspects Communication developing more slowly than other skills, with a gap of more than 3 years - CYP is not able to effectively communicate with familiar people. CYP will be unable to communicate in familiar situations for more than 25% of the time

Area of Need	1	2	3	4	5	6	7
Social communication and interaction The child or young person (CYP):	<ul style="list-style-type: none"> - development is not in-line with the typically developing child or young person 	<ul style="list-style-type: none"> - may have difficulty in initiating social interactions - may appear to have a decreased interest in social interactions - social approaches may be atypical and unsuccessful - is interested in CYPs of their age and wants to have friends but may need help with this - may show an inflexibility of behaviour which causes interference with functioning - may have difficulty switching between activities – may have problems of organisation and planning which hamper independence - mostly is unable to work on same tasks as others the same age that do not have additional needs - is unable to learn in the whole class group - may need planned strategies to support with transitions and flexibility - is unable to manage their level of mild anxiety with minor adaptations 	<ul style="list-style-type: none"> - As well as point 2, the CYP: - shows a deficit in verbal and non-verbal social communication skills - shows a limited interest in interactions with CYP of their own age 	<ul style="list-style-type: none"> - has difficulties with social skills even when support is in place - displays distress and difficulty when changing focus or moving from one activity to another - restricted/repetitive behaviours are frequent enough to be obvious to all and interfere with functioning in a variety of contexts - is unable to interpret social cues - interprets speech literally and shows rigidity and inflexibility of thought processes - participates in solitary play which is unusually focused on a special interest - presents with moderate hypo/hyperactivity to sensory input and moderately unusual interests in sensory aspects of the environment 	<ul style="list-style-type: none"> - is, for parts of the school day, considerably motivated to follow own (possibly sensory) agenda, which for some of the time distracts them from the adult-led agenda - shows high levels of anxiety to a degree that may have a negative impact on school engagement - may be pre-verbal or have very limited communication skills that require an augmented communication system - presents with high levels of hypo/hyperactivity to sensory input and highly unusual interests in sensory aspects of the environment 	<ul style="list-style-type: none"> - has limited interaction and/or with narrowed special interests - communication is very often just to meet their needs - shows high levels of anxiety to a degree that may have a negative impact on school engagement and/or attendance - has significant difficulties with communication, this may include those who are pre-verbal or show very limited communication skills that require an augmented communication system - has impaired social development, rigidity of behaviour and thought and communications are enduring, consistently impeding their learning and leading to severe difficulties in functioning in the vast majority of contexts within school and home - significant difficulties persisting for the CYP as a result of their inflexibility and/or intrusive obsessional thoughts 	<ul style="list-style-type: none"> - The child or young person (CYP): - rarely begins social interaction, and when he or she does, makes atypical approaches, to meet needs only, and responds only to very direct approaches - shows great distress in changing focus or activity or refuses - presents restricted, repetitive behaviours that markedly interfere with their functioning in all spheres, affecting daily life - has extreme difficulties in social motivation, which prevent the pupil or young person from engaging in social activities - shows extremely high levels of anxiety to a degree that has a negative impact upon their wellbeing and ability to engage in all contexts

Area of Need	1	2	3	4	5	6	7
Learning and Cognition Difficulties (includes Behaviour for Learning) The child or young person (CYP):	<ul style="list-style-type: none"> - learning and development not in line with the typically developing CYP 	<ul style="list-style-type: none"> - is working below age-related expectations in one or more subject or skill - shows inhibited progress in some areas - may have difficulty attending to, starting or completing tasks - may hinder the learning of others - may lack motivation in particular subjects due to content or skills such as writing - does not tend to have successes in other areas 	<ul style="list-style-type: none"> - is attaining at a level below age-related expectations in most subjects or skills - shows inhibited progress in most areas - at times has difficulty attending to, starting or completing tasks - at times has difficulty in keeping their attention on one thing - at times hinders the learning of others - at times has poor organisational skills in some situations - at times lacks motivation in particular subjects due to content or skills such as writing - mostly has successes in other areas 	<ul style="list-style-type: none"> - is attaining at a level significantly below age-related expectations in most subjects or skills - shows an increasing gap between them and their peers' progress - will regularly give up easily - regularly appears anxious about new tasks, situations or change - is regularly easily distracted and or/distract others - is regularly inattentive to staff - has poor organisational skills in most areas - struggles with group learning work - Neurological factors may have an impact on learning and functioning 	<ul style="list-style-type: none"> - is attaining at a level significantly below age-related expectations in nearly all subjects or skills - shows a significant gap between them and their peers' progress - will mostly give up easily - mostly appears anxious about new tasks, situations or change - is mostly easily distracted and or/distract others - is mostly inattentive to staff - mostly has poor organisational skills in most areas - mostly struggles with group learning work - Neurological factors linked to specific physical impairments may also frequently impact on many areas of independent learning 	<ul style="list-style-type: none"> - is attaining at a level significantly below age-related expectations in all subjects or skills and they will require a high level of support in all aspects of their life - shows limited progress in all areas - always give up easily o always appears anxious about new tasks, situations or change - is always easily distracted and or/distracts others - is always inattentive to staff - always has poor organisational skills in most areas - always struggles with group learning work - Neurological factors associated with some impairments likely to have a severe impact on learning and functioning 	<ul style="list-style-type: none"> - The child or young person (CYP): - Shows their ability to access learning is severely challenged due to a significant learning difficulty - is assisted and prompted in every aspect of school life - Neurological factors associated with some impairments have a severe impact on learning

Area of Need	1	2	3	4	5	6	7
Social, Emotional and Mental Health	<ul style="list-style-type: none"> - learning and development not in line with the typical developing CYP 	<ul style="list-style-type: none"> - The CYP will have been identified as presenting with some low-level features of social, emotional mental health difficulties - they may sometimes appear unhappy, isolated, have immature social skills, and have difficulties maintaining friendships, be occasionally unsettled in the classroom setting, be overactive and lack concentration - they may follow some but not all school rules/routines around behaviour in the school environment - they may experience some difficulties with social skills - they may show signs of stress and anxiety and/or difficulties managing emotions on occasions may find it hard to express themselves emotionally and let others know how they are feeling - they may be vulnerable as a result of existing diagnosis such as ASD, ADHD or circumstances such as illness, bereavement, trauma 	<ul style="list-style-type: none"> - Difficulties identified in (2) continue/worsen and there has been no significant measured change in the target behaviour/social skill despite high quality teaching and range 1 interventions being in place. - SEMH difficulties continue to interfere with the CYP's social/learning development across a range of settings and pupils do not follow routines in school consistently or co-operate with adult requests - the CYP has continued difficulties in social interactions, forming positive relationships, (trust, dependent social skills, bullying) with both adults and peers, including difficulties managing a range of emotions - the CYP may have become socially and emotionally vulnerable, withdrawn, isolated, and unpredictable patterns of behaviour eg. lacks self-control may be beginning to emerge that impact on learning - the CYP may show patterns of stress/anxiety related to specific times of the day - pupils may have a preference for own agenda and be reluctant to follow instructions - the CYP may have begun to experience short term behavioural crisis - the CYP may not be able to see the changes they can make, with support, in order to make progress - the CYP's behavioural self-regulation has an impact on their learning e.g., impulsivity, hyperactivity, concentration 	<ul style="list-style-type: none"> - Difficulties identified in (3) continue/worsen and there has been no significant measured change in the target behaviour/social skill despite high quality teaching and range 1 and 2 interventions being in place. - SEMH difficulties interfere more frequently with CYP's social/learning development across a range of settings and pupils do not follow routines in school without adult support - the CYP may have experienced fixed term exclusion and more sustained difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions - the CYP remains socially and emotionally vulnerable, withdrawn, isolated, and susceptible to unpredictable patterns of behaviour that impact on learning - the CYP's patterns of stress/anxiety/mood levels (managing mood or low mood) related to specific times of the day have become more common - the CYP has a preference for own agenda and is reluctant to follow instructions - short-term behavioural crisis have become more frequent and are more intense 	<ul style="list-style-type: none"> - The CYP continues to present with severe and persistent levels of social, emotional, mental health difficulties which are now more complex, which necessitate a multi-agency response. - the CYP does not have the social and emotional skills needed to cope in a mainstream environment without adult support following a specific plan for a significant proportion of the school day - Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance. This could present as CYP sometimes communicating through behaviour which may cause physical harm to others, sometimes appears angry which may involve abusive/offensive language, sometimes disengages from social or learning activity - the CYP is more likely to have experienced fixed term exclusion from school - is regularly inattentive to staff - the CYP is at increased risk of exclusion - the CYP does not have the social and emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day - significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance - the CYP is increasingly isolated and struggles to maintain positive relationships with adults or peers - the CYP has mental health needs that have been diagnosed and require medication and regular review 	<ul style="list-style-type: none"> - Significant and increasing social, emotional, mental health difficulties, often compounded by additional needs and requiring additional provision outside the mainstream environment, including: <ul style="list-style-type: none"> - moderate/severe disorder - accessing learning, mental health difficulties, acute anxiety, attachment issues, trauma responses - patterns of regular school absence - disengaged from learning, significant under performance - verbally and physically aggressive Can show disrespect for possessions or property, may constantly communicate through behaviour which may be through harming others - reliant on adult support to remain on task for most of the time and manage self in group - engaging in high risk-taking activities both at school and within the community eg, involved in substance misuse either as a user or exploited into distribution/selling - difficulties expressing empathy, emotionally detached, could have tendency to hurt others, self or animals - issues around identity and belonging - difficulties sustaining relationships - over-friendly or withdrawn with strangers, at risk of exploitation - needing to be in control; bullying behaviours (target & perpetrator) - provocative in appearance and behaviour, evidence of sexualised language and/or behaviours - lack of interest in appearance and self-care - requiring a range of therapeutic interventions or referral to specialist support services (CAMHS, CSC, YOT) 	<ul style="list-style-type: none"> - Continuing significant and increasing social, emotional, mental health difficulties, often compounded by additional needs and requiring continued provision outside the mainstream environment, including: <ul style="list-style-type: none"> - The child or young person (CYP): - significant challenging behaviour - poor attendance, requires high level of adult intervention to bring into school, even with transport provided - health and safety risk to self and others due to increased levels of agitation and presenting risks - extreme physical and verbal aggressive behaviour which puts self and others in danger - extreme sexualised language and behaviour, sexually exploited - serious mental health issues where a dedicated mental health professional involved - long term non-attendance and disaffection - anti-social behaviour/criminal activity which may result in Regular appearance in court.

Area of Need	1	2	3	4	5	6	7
Deafness	<ul style="list-style-type: none"> o score of below 10 points on the NATSIP Eligibility Framework for scoring levels – Deafness 	<ul style="list-style-type: none"> - scores between 10-24 points on the NATSIP* Eligibility Framework for Scoring Levels – Deafness - has unilateral, sensori-neural or bilateral mild fluctuating conductive hearing loss that requires the use of hearing aids 	<ul style="list-style-type: none"> - scores between 25-34 points on the NATSIP Eligibility Framework for Scoring Levels – Deafness - has mild or moderate hearing loss - will use hearing aids and may make use of a soundfield system - may have had a late diagnosis - may require support to become an independent user of their equipment and to understand their hearing and listening needs 	<ul style="list-style-type: none"> - scores between 35 - 44 points on the NATSIP Eligibility Framework for Scoring Levels – Deafness - has moderate or greater, bilateral hearing loss (sensori-neural, conductive or mixed) or Auditory Neuropathy/Dysynchrony Spectrum Disorder - will use hearing aids and likely use a radio aid - hearing loss will have a direct impact on their language and literacy development as well as their cognition, interaction and social setting - will require support to become an independent user of their equipment and to understand their hearing and listening needs - may need support in managing their developing social and emotional needs and their understanding of being a young deaf person 	<ul style="list-style-type: none"> - scores between 45-54 points on the NATSIP Eligibility Framework for Scoring Levels – Deafness - has moderate or greater bilateral hearing loss (sensori-neural, mixed or permanent conductive loss) or Auditory Neuropathy/Dysynchrony Spectrum Disorder. - uses hearing aids and/or cochlear implant/s and usually a radio aid - hearing loss has a direct impact on their language and literacy development as well as their cognition, interaction and social development - is likely to be known to speech and language therapy (SALT) services - requires ongoing support to become an independent user of their equipment and to understand their hearing and listening needs 	<ul style="list-style-type: none"> - scores between 55-64 points on the NATSIP Eligibility Framework for Scoring Levels – Deafness - has moderate or greater, bilateral hearing loss (sensori-neural, mixed or permanent conductive loss) or Auditory Neuropathy/Dysynchrony Spectrum Disorder - uses hearing aids and/or cochlear implant/s and usually a radio aid. - hearing loss has a significant long-term impact on their language and literacy development as well as their cognition, interaction and social development - is likely to be known to SALT services and may be receiving therapy and interventions devised and delivered by a S&L therapist and/or a teacher of the deaf - the CYP will require ongoing support to become, where possible, an independent user of their equipment and to understand their hearing and listening needs 	<ul style="list-style-type: none"> - score of above 65 points on the NATSIP Eligibility Framework for Scoring Levels – Deafness - severe or profound, bilateral hearing loss (sensori-neural or mixed) or Auditory Neuropathy/Dysynchrony Spectrum Disorder - will be using hearing aids and/or cochlear implant/s and likely a radio aid or be a first language BSL user and use BSL as their only language - may have a range of difficulties that requires an alternative or augmented (AAC) communication system - hearing loss will have a substantial, long term impact on their language and literacy development, as well as their cognition, interaction and social development. - is likely be known to SALT services - family and staff will require ongoing, intensive training in managing equipment and ensuring inclusion

Area of Need	1	2	3	4	5	6	7
<p>Visual Impaired The child or young person (CYP):</p>	<ul style="list-style-type: none"> - CYP scores below 5 points on the NATSIP Eligibility Framework for Scoring Levels - Vision Impairment 	<ul style="list-style-type: none"> - scores between 6-14 points on the NATSIP* Eligibility Framework for Scoring Levels – vision impairment - is within the range 6/12 - 6/18 Snellen/Kay (LogMAR 0.3 – 0.48) - will function at a mild level of vision impairment - may be difficulty with near, distance or field of vision but the difficulty will not be significant at this level of support - may have colour differentiation difficulties - may have patching for squints, monocular vision or may have fluctuating vision impairment - may have a restricted field of vision 	<ul style="list-style-type: none"> - scores of between 14-24 points on the NATSIP* Eligibility Framework for Scoring Levels - vision impairment - mild/moderate – 6/15- 6/19 Snellen/Kay (LogMAR 0.4- 0.5) - has impaired function in the educational setting and this is generally accepted to be the key criterion - may have a restricted field of vision; fluctuating visual impairment; deteriorating conditions; cerebral visual impairment. Recently acquired permanent VI or late diagnosis. - will have a bilateral impairment 	<ul style="list-style-type: none"> - scores between 25-39 points on the NATSIP* Eligibility Framework for Scoring Levels - vision impairment - NatSIP Criteria – moderate vision loss – 6/19-6/24 Snellen/Kay (0.5- 0.6 (LogMAR) - restricted field of vision; fluctuating visual impairment; deteriorating conditions; cerebral visual impairment; recently acquired permanent VI or late diagnosis; - will have a bilateral impairment - will require differentiated visual materials with support - interaction with adults and peers may be impaired 	<ul style="list-style-type: none"> - scores between 40-49 points on the NATSIP* Eligibility Framework for Scoring Levels – vision impairment - NatSIP Criteria – moderate to severe vision loss 6/24-6/36 Snellen/Kay (LogMAR 0.6-0.78) - will have a bilateral impairment - will have significantly impaired functional vision in the educational setting affecting the presentation of the curriculum, the school or classroom environment, and the classroom management of the CYP. This may be compounded by other related conditions such as visual field loss, ocular motor impairment, visual perception difficulties or the presence of degenerative visual conditions. 	<ul style="list-style-type: none"> - scores between 50-69 points on the NATSIP Eligibility Framework for Scoring Levels – vision impairment. - NatSIP Criteria – severe to profound loss – 6/36- 6/60 and Snellen/Kay (LogMAR 0.8 – 1.00). This may be compounded by other problems such as visual field loss, ocular motor impairment, visual perception difficulties or the presence of degenerative visual conditions. - may have little functional sight or be educationally blind and needs will be permanent and lifelong due to the nature of their disability. - CYP, family and setting will require support in managing their understanding of a severe vision impairment. 	<ul style="list-style-type: none"> - scores above 70 points on the NATSIP* Eligibility Framework for Scoring Levels – vision impairment - NatSIP Criteria –profound loss – 6/60 Snellen/Kay (LogMAR 1.02) or greater - will have a bilateral impairment - will have significantly impaired functional vision. This is highly likely to be compounded by other problems such as visual field loss, ocular motor impairment, visual perception difficulties or the presence of degenerative visual conditions. - may have little functional vision and be registered as severely sight impaired/blind - may have MDVI (multi disability and visual impairment), deteriorating conditions and cerebral visual impairment.

Area of Need	1	2	3	4	5	6	7
Physical Disability, Physical and Neurological Impairment, Medical, Independence and Sensory The child or young person (CYP):	<ul style="list-style-type: none"> - is not developing in-line with the typically developing CYP 	<ul style="list-style-type: none"> - may need support with self-medication or management of condition in school - cannot move and position independently - may have mild stability difficulties - may have gross motor coordination difficulties - may have fine motor coordination difficulties - hand or limb function may be restricted - is not independent at an age-appropriate level with many areas of self-care - may present with mild hypo/hyperactivity to sensory input and mildly atypical interests in sensory aspects of the environment 	<ul style="list-style-type: none"> - has a minor health problem requiring increased monitoring/support - may have affected mobility, particularly over medium distances - cannot independently use safety features e.g. handrails - may require some support with areas of self-care - presents with moderate hypo/hyperactivity to sensory input and moderate unusual interests in sensory aspects of the environment 	<ul style="list-style-type: none"> - has a health condition which requires daily monitoring/support - regularly uses a mobility aid to move independently - cannot independently transfer to and use a wheelchair when needed - has a disability that can directly limit some aspects of self-care - has neurological factors associated with impairment that also impact on independent learning and approach to self-care more frequently - has personalised use of assistive technology 	<ul style="list-style-type: none"> - has a health condition which requires monitoring/support regularly throughout the school day - has a significant life-long physical disability across key area requiring targeted intervention/specialist therapy - may have physical skills that fluctuate or deteriorate during a day - has the capacity to use an independent wheelchair but requires adult support for transfer and some aided mobility - has a disability that significantly limits the range of independent self-care possible - may also have neurological factors linked to specific physical impairments that frequently impact on many areas of independent self-care 	<ul style="list-style-type: none"> - has a health condition which requires monitoring/support continuously - has an adult-assisted or power-assisted wheelchair mobility - has personalised seating support as no independent seated stability - has access arrangements/adaptations in place to promote or maintain physical skills require frequent liaison between teacher/TAC and OT physiotherapist - shows increased likelihood of factors such as fatigue, hospital visits and essential medical/therapy treatment - requires hoist assistance for all personal care needs - presents with very high levels of hypo/hyperactivity to sensory input and very highly unusual interests in sensory aspects of the environment. - may be able to communicate verbally but requires high levels of adult support/assistive technology access 	<ul style="list-style-type: none"> - has a health condition which they are unable to manage independently requiring constant adult support - solely moves with adult-assisted or wheelchair mobility - is unable to sit independently - transfers require hoist - has access arrangements/adaptations in place to promote or maintain physical skills require frequent liaison between teacher/TAC and OT physiotherapist - shows increased likelihood of factors such as fatigue, hospital visits and essential medical/therapy treatment - requires assistance for all personal care needs - may have extreme sensory challenges for most of the school day and they may be extremely motivated to follow their own (possibly sensory) agenda, which for the majority of the time overwhelms the adult-led agenda - has neurological factors associated with some impairments that have a severe impact on functioning - presents with extremely high levels of hypo/hyperactivity to sensory input and unusual interests in sensory aspects of the environment. - is unable to communicate and requires high levels of adult support/assistive technology access

Area of Need	1	2	3	4	5	6	7
Learning and Cognition Difficulties (includes Behaviour for Learning) The child or young person (CYP):	<ul style="list-style-type: none"> - learning and development not in line with the typically developing CYP 	<ul style="list-style-type: none"> - is working below age-related expectations in one or more subject or skill - shows inhibited progress in some areas - may have difficulty attending to, starting or completing tasks - may hinder the learning of others - may lack motivation in particular subjects due to content or skills such as writing - does not tend to have successes in other areas 	<ul style="list-style-type: none"> - is attaining at a level below age-related expectations in most subjects or skills - shows inhibited progress in most areas - at times has difficulty attending to, starting or completing tasks - at times has difficulty in keeping their attention on one thing - at times hinders the learning of others - at times has poor organisational skills in some situations - at times lacks motivation in particular subjects due to content or skills such as writing - mostly has successes in other areas 	<ul style="list-style-type: none"> - is attaining at a level significantly below age-related expectations in most subjects or skills - shows an increasing gap between them and their peers' progress - will regularly give up easily - regularly appears anxious about new tasks, situations or change - is regularly easily distracted and or/distract others - is regularly inattentive to staff - has poor organisational skills in most areas - struggles with group learning work - Neurological factors may have an impact on learning and functioning 	<ul style="list-style-type: none"> - is attaining at a level significantly below age-related expectations in nearly all subjects or skills - shows a significant gap between them and their peers' progress - will mostly give up easily - mostly appears anxious about new tasks, situations or change - is mostly easily distracted and or/distract others - is mostly inattentive to staff - mostly has poor organisational skills in most areas - mostly struggles with group learning work - Neurological factors linked to specific physical impairments may also frequently impact on many areas of independent learning 	<ul style="list-style-type: none"> - is attaining at a level significantly below age-related expectations in all subjects or skills and they will require a high level of support in all aspects of their life - shows limited progress in all areas - always give up easily or always appears anxious about new tasks, situations or change - is always easily distracted and or/distracts others - is always inattentive to staff - always has poor organisational skills in most areas - always struggles with group learning work - Neurological factors associated with some impairments likely to have a severe impact on learning and functioning 	<ul style="list-style-type: none"> - The child or young person (CYP): - Shows their ability to access learning is severely challenged due to a significant learning difficulty - is assisted and prompted in every aspect of school life - Neurological factors associated with some impairments have a severe impact on learning

Area of Need	1	2	3	4	5	6	7
Social, Emotional and Mental Health	<ul style="list-style-type: none"> - learning and development not in line with the typical developing CYP 	<ul style="list-style-type: none"> - The CYP will have been identified as presenting with some low-level features of social, emotional mental health difficulties - they may sometimes appear unhappy, isolated, have immature social skills, and have difficulties maintaining friendships, be occasionally unsettled in the classroom setting, be overactive and lack concentration - they may follow some but not all school rules/routines around behaviour in the school environment - they may experience some difficulties with social skills - they may show signs of stress and anxiety and/or difficulties managing emotions on occasions may find it hard to express themselves emotionally and let others know how they are feeling - they may be vulnerable as a result of existing diagnosis such as ASD, ADHD or circumstances such as illness, bereavement, trauma 	<ul style="list-style-type: none"> - Difficulties identified in (2) continue/worsen and there has been no significant measured change in the target behaviour/social skill despite high quality teaching and range 1 interventions being in place. - SEMH difficulties continue to interfere with the CYP's social/learning development across a range of settings and pupils do not follow routines in school consistently or co-operate with adult requests - the CYP has continued difficulties in social interactions, forming positive relationships, (trust, dependent social skills, bullying) with both adults and peers, including difficulties managing a range of emotions - the CYP may have become socially and emotionally vulnerable, withdrawn, isolated, and unpredictable patterns of behaviour eg. lacks self-control may be beginning to emerge that impact on learning - the CYP may show patterns of stress/anxiety related to specific times of the day - pupils may have a preference for own agenda and be reluctant to follow instructions - the CYP may have begun to experience short term behavioural crisis - the CYP may not be able to see the changes they can make, with support, in order to make progress - the CYP's behavioural self-regulation has an impact on their learning e.g., impulsivity, hyperactivity, concentration 	<ul style="list-style-type: none"> - Difficulties identified in (3) continue/worsen and there has been no significant measured change in the target behaviour/social skill despite high quality teaching and range 1 and 2 interventions being in place. - SEMH difficulties interfere more frequently with CYP's social/learning development across a range of settings and pupils do not follow routines in school without adult support - the CYP may have experienced fixed term exclusion and more sustained difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions - the CYP remains socially and emotionally vulnerable, withdrawn, isolated, and susceptible to unpredictable patterns of behaviour that impact on learning - the CYP's patterns of stress/anxiety/mood levels (managing mood or low mood) related to specific times of the day have become more common - the CYP has a preference for own agenda and is reluctant to follow instructions - short-term behavioural crisis have become more frequent and are more intense 	<ul style="list-style-type: none"> - The CYP continues to present with severe and persistent levels of social, emotional, mental health difficulties which are now more complex, which necessitate a multi-agency response. - the CYP does not have the social and emotional skills needed to cope in a mainstream environment without adult support following a specific plan for a significant proportion of the school day - Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance. This could present as CYP sometimes communicating through behaviour which may cause physical harm to others, sometimes appears angry which may involve abusive/offensive language, sometimes disengages from social or learning activity - the CYP is more likely to have experienced fixed term exclusion from school - is regularly inattentive to staff - the CYP is at increased risk of exclusion - the CYP does not have the social and emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day - significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance - the CYP is increasingly isolated and struggles to maintain positive relationships with adults or peers - the CYP has mental health needs that have been diagnosed and require medication and regular review 	<ul style="list-style-type: none"> - Significant and increasing social, emotional, mental health difficulties, often compounded by additional needs and requiring additional provision outside the mainstream environment, including: <ul style="list-style-type: none"> - moderate/severe disorder - accessing learning, mental health difficulties, acute anxiety, attachment issues, trauma responses - patterns of regular school absence - disengaged from learning, significant under performance - verbally and physically aggressive Can show disrespect for possessions or property, may constantly communicate through behaviour which may be through harming others - reliant on adult support to remain on task for most of the time and manage self in group - engaging in high risk-taking activities both at school and within the community eg, involved in substance misuse either as a user or exploited into distribution/selling - difficulties expressing empathy, emotionally detached, could have tendency to hurt others, self or animals - issues around identity and belonging - difficulties sustaining relationships - over-friendly or withdrawn with strangers, at risk of exploitation - needing to be in control; bullying behaviours (target & perpetrator) - provocative in appearance and behaviour, evidence of sexualised language and/or behaviours - lack of interest in appearance and self-care - requiring a range of therapeutic interventions or referral to specialist support services (CAMHS, CSC, YOT) 	<ul style="list-style-type: none"> - Continuing significant and increasing social, emotional, mental health difficulties, often compounded by additional needs and requiring continued provision outside the mainstream environment, including: <ul style="list-style-type: none"> - The child or young person (CYP): - significant challenging behaviour - poor attendance, requires high level of adult intervention to bring into school, even with transport provided - health and safety risk to self and others due to increased levels of agitation and presenting risks - extreme physical and verbal aggressive behaviour which puts self and others in danger - extreme sexualised language and behaviour, sexually exploited - serious mental health issues where a dedicated mental health professional involved - long term non-attendance and disaffection - anti-social behaviour/criminal activity which may result in Regular appearance in court.

Area of Need	1	2	3	4	5	6	7
Deafness	<ul style="list-style-type: none"> o score of below 10 points on the NATSIP Eligibility Framework for scoring levels – Deafness 	<ul style="list-style-type: none"> - scores between 10-24 points on the NATSIP* Eligibility Framework for Scoring Levels – Deafness - has unilateral, sensori-neural or bilateral mild fluctuating conductive hearing loss that requires the use of hearing aids 	<ul style="list-style-type: none"> - scores between 25-34 points on the NATSIP Eligibility Framework for Scoring Levels – Deafness - has mild or moderate hearing loss - will use hearing aids and may make use of a soundfield system - may have had a late diagnosis - may require support to become an independent user of their equipment and to understand their hearing and listening needs 	<ul style="list-style-type: none"> - scores between 35 - 44 points on the NATSIP Eligibility Framework for Scoring Levels – Deafness - has moderate or greater, bilateral hearing loss (sensori-neural, conductive or mixed) or Auditory Neuropathy/Dysynchrony Spectrum Disorder - will use hearing aids and likely use a radio aid - hearing loss will have a direct impact on their language and literacy development as well as their cognition, interaction and social setting - will require support to become an independent user of their equipment and to understand their hearing and listening needs - may need support in managing their developing social and emotional needs and their understanding of being a young deaf person 	<ul style="list-style-type: none"> - scores between 45-54 points on the NATSIP Eligibility Framework for Scoring Levels – Deafness - has moderate or greater bilateral hearing loss (sensori-neural, mixed or permanent conductive loss) or Auditory Neuropathy/Dysynchrony Spectrum Disorder. - uses hearing aids and/or cochlear implant/s and usually a radio aid - hearing loss has a direct impact on their language and literacy development as well as their cognition, interaction and social development - is likely to be known to speech and language therapy (SALT) services - requires ongoing support to become an independent user of their equipment and to understand their hearing and listening needs 	<ul style="list-style-type: none"> - scores between 55-64 points on the NATSIP Eligibility Framework for Scoring Levels – Deafness - has moderate or greater, bilateral hearing loss (sensori-neural, mixed or permanent conductive loss) or Auditory Neuropathy/Dysynchrony Spectrum Disorder - uses hearing aids and/or cochlear implant/s and usually a radio aid. - hearing loss has a significant long-term impact on their language and literacy development as well as their cognition, interaction and social development - is likely to be known to SALT services and may be receiving therapy and interventions devised and delivered by a S&L therapist and/or a teacher of the deaf - the CYP will require ongoing support to become, where possible, an independent user of their equipment and to understand their hearing and listening needs 	<ul style="list-style-type: none"> - score of above 65 points on the NATSIP Eligibility Framework for Scoring Levels – Deafness - severe or profound, bilateral hearing loss (sensori-neural or mixed) or Auditory Neuropathy/Dysynchrony Spectrum Disorder - will be using hearing aids and/or cochlear implant/s and likely a radio aid or be a first language BSL user and use BSL as their only language - may have a range of difficulties that requires an alternative or augmented (AAC) communication system - hearing loss will have a substantial, long term impact on their language and literacy development, as well as their cognition, interaction and social development. - is likely be known to SALT services - family and staff will require ongoing, intensive training in managing equipment and ensuring inclusion

Area of Need	1	2	3	4	5	6	7
<p>Visual Impaired The child or young person (CYP):</p>	<ul style="list-style-type: none"> - CYP scores below 5 points on the NATSIP Eligibility Framework for Scoring Levels - Vision Impairment 	<ul style="list-style-type: none"> - scores between 6-14 points on the NATSIP* Eligibility Framework for Scoring Levels – vision impairment - is within the range 6/12 - 6/18 Snellen/Kay (LogMAR 0.3 – 0.48) - will function at a mild level of vision impairment - may be difficulty with near, distance or field of vision but the difficulty will not be significant at this level of support - may have colour differentiation difficulties - may have patching for squints, monocular vision or may have fluctuating vision impairment - may have a restricted field of vision 	<ul style="list-style-type: none"> - scores of between 14-24 points on the NATSIP* Eligibility Framework for Scoring Levels - vision impairment - mild/moderate – 6/15- 6/19 Snellen/Kay (LogMAR 0.4- 0.5) - has impaired function in the educational setting and this is generally accepted to be the key criterion - may have a restricted field of vision; fluctuating visual impairment; deteriorating conditions; cerebral visual impairment. Recently acquired permanent VI or late diagnosis. - will have a bilateral impairment 	<ul style="list-style-type: none"> - scores between 25-39 points on the NATSIP* Eligibility Framework for Scoring Levels - vision impairment - NatSIP Criteria – moderate vision loss – 6/19-6/24 Snellen/Kay (0.5- 0.6 (LogMAR) - restricted field of vision; fluctuating visual impairment; deteriorating conditions; cerebral visual impairment; recently acquired permanent VI or late diagnosis; - will have a bilateral impairment - will require differentiated visual materials with support - interaction with adults and peers may be impaired 	<ul style="list-style-type: none"> - scores between 40-49 points on the NATSIP* Eligibility Framework for Scoring Levels – vision impairment - NatSIP Criteria – moderate to severe vision loss 6/24-6/36 Snellen/Kay (LogMAR 0.6-0.78) - will have a bilateral impairment - will have significantly impaired functional vision in the educational setting affecting the presentation of the curriculum, the school or classroom environment, and the classroom management of the CYP. This may be compounded by other related conditions such as visual field loss, ocular motor impairment, visual perception difficulties or the presence of degenerative visual conditions. 	<ul style="list-style-type: none"> - scores between 50-69 points on the NATSIP Eligibility Framework for Scoring Levels – vision impairment. - NatSIP Criteria – severe to profound loss – 6/36- 6/60 and Snellen/Kay (LogMAR 0.8 – 1.00). This may be compounded by other problems such as visual field loss, ocular motor impairment, visual perception difficulties or the presence of degenerative visual conditions. - may have little functional sight or be educationally blind and needs will be permanent and lifelong due to the nature of their disability. - CYP, family and setting will require support in managing their understanding of a severe vision impairment. 	<ul style="list-style-type: none"> - scores above 70 points on the NATSIP* Eligibility Framework for Scoring Levels – vision impairment - NatSIP Criteria –profound loss – 6/60 Snellen/Kay (LogMAR 1.02) or greater - will have a bilateral impairment - will have significantly impaired functional vision. This is highly likely to be compounded by other problems such as visual field loss, ocular motor impairment, visual perception difficulties or the presence of degenerative visual conditions. - may have little functional vision and be registered as severely sight impaired/blind - may have MDVI (multi disability and visual impairment), deteriorating conditions and cerebral visual impairment.

Area of Need	1	2	3	4	5	6	7
<p>Physical Disability, Physical and Neurological Impairment, Medical, Independence and Sensory The child or young person (CYP):</p>	<ul style="list-style-type: none"> - is not developing in-line with the typically developing CYP 	<ul style="list-style-type: none"> - may need support with self-medication or management of condition in school - cannot move and position independently - may have mild stability difficulties - may have gross motor coordination difficulties - may have fine motor coordination difficulties - hand or limb function may be restricted - is not independent at an age-appropriate level with many areas of self-care - may present with mild hypo/hyperactivity to sensory input and mildly atypical interests in sensory aspects of the environment 	<ul style="list-style-type: none"> - has a minor health problem requiring increased monitoring/support - may have affected mobility, particularly over medium distances - cannot independently use safety features e.g. handrails - may require some support with areas of self-care - presents with moderate hypo/hyperactivity to sensory input and moderate unusual interests in sensory aspects of the environment 	<ul style="list-style-type: none"> - has a health condition which requires daily monitoring/support - regularly uses a mobility aid to move independently - cannot independently transfer to and use a wheelchair when needed - has a disability that can directly limit some aspects of self-care - has neurological factors associated with impairment that also impact on independent learning and approach to self-care more frequently - has personalised use of assistive technology 	<ul style="list-style-type: none"> - has a health condition which requires monitoring/support regularly throughout the school day - has a significant life-long physical disability across key area requiring targeted intervention/specialist therapy - may have physical skills that fluctuate or deteriorate during a day - has the capacity to use an independent wheelchair but requires adult support for transfer and some aided mobility - has a disability that significantly limits the range of independent self-care possible - may also have neurological factors linked to specific physical impairments that frequently impact on many areas of independent self-care 	<ul style="list-style-type: none"> - has a health condition which requires monitoring/support continuously - has an adult-assisted or power-assisted wheelchair mobility - has personalised seating support as no independent seated stability - has access arrangements/adaptations in place to promote or maintain physical skills require frequent liaison between teacher/TAC and OT physiotherapist - shows increased likelihood of factors such as fatigue, hospital visits and essential medical/therapy treatment - requires hoist assistance for all personal care needs - presents with very high levels of hypo/hyperactivity to sensory input and very highly unusual interests in sensory aspects of the environment. - may be able to communicate verbally but requires high levels of adult support/assistive technology access 	<ul style="list-style-type: none"> - has a health condition which they are unable to manage independently requiring constant adult support - solely moves with adult-assisted or wheelchair mobility - is unable to sit independently - transfers require hoist - has access arrangements/adaptations in place to promote or maintain physical skills require frequent liaison between teacher/TAC and OT physiotherapist - shows increased likelihood of factors such as fatigue, hospital visits and essential medical/therapy treatment - requires assistance for all personal care needs - may have extreme sensory challenges for most of the school day and they may be extremely motivated to follow their own (possibly sensory) agenda, which for the majority of the time overwhelms the adult-led agenda - has neurological factors associated with some impairments that have a severe impact on functioning - presents with extremely high levels of hypo/hyperactivity to sensory input and unusual interests in sensory aspects of the environment. - is unable to communicate and requires high levels of adult support/assistive technology access