

## Do

<p><u>Classroom Adjustments and Strategies:</u>          Consider lesson content and impact on Chris (childhood emotional trauma experiences)          Present instructions as you wish Chris to carry them out          Avoid nuance, inference, ambiguity and sarcasm          Model pronunciation and conversation skills when needed          Support situations of social confusion and conflict          Short, clearly structured tasks          Praise independent working          Support memory with visual resources e.g. task checklist          Time-limited breaks, including movement between tasks          Writing frames, laptop or scribe as needed          Use physical resources to support abstract learning          Model [thought] processes to carry out tasks          Reassure Chris that it's ok to get things wrong          Seat Chris for optimum hearing position</p> <p><b>If asking a question, ask it and then move on and return after a couple of minutes thinking time</b></p>	<p><u>Intervention/Resources</u>          Adult support in lessons where needed          HUB small group teaching in English and maths          HUB Nurture interaction and emotional support          Social Story – interaction skills          Break time support to remind of good interaction skills          Zones of regulation and Social Stories sessions in HUB Gateway (8:15 to check-in before school)          Bookmark timetable          Monitor HI needs          Referral to Speech &amp; Language Therapy for assessment &amp; guidance to support Chris's clear and fluent speech  <a href="http://www.traumainformedschools.co.uk">www.traumainformedschools.co.uk</a>  <a href="http://www.emotioncoachinguk.com">www.emotioncoachinguk.com</a>  <a href="http://www.boingboing.org.uk/interactive-resilienceframework">www.boingboing.org.uk/interactive-resilienceframework</a></p>
---	--

## Assess

<p><u>D.O.B</u> 25/12/2011</p>	<p><u>Form</u> 7 Oakes</p>
<p><u>Start date</u> September 2022</p>	<p><u>Support Category</u> EHCP</p>
<p><u>Area(s) of need</u>          SEMH: Emotional regulation          C&amp;L: Executive functioning          C&amp;I: Exp/Rec language, Social interaction skills          PSD: History of HI</p>	<p><u>Exam Access Arrangements (KS4)</u></p>
<p><u>My strengths and interests</u>          Happy living with his grandparents          Enjoys family time and his dogs, X Box and phones at home          Enjoys computing, maths (number) and football</p>	<p><u>My barriers to learning and dislikes</u>          Maths and writing skills below average          Delayed social communication: non-verbal cues and communicating with both familiar and unfamiliar people.          Poor pronunciation at times          Distractible          Low resilience          Emotional dysregulation - early childhood trauma          Intermittent hearing difficulties          Poor gross motor skills (clumsy, falls over)          Sensory sensitivity – textiles and food</p>
<p><u>Impact on me</u>          Finds school stressful          Literal understanding          Struggles to manage relationship conflict          Gives up if tasks are challenging</p>	<p><u>External agencies working with me</u>          Educational Psychology 21.05.2018, 13.01.2020, 26.10.2021</p>

EHCP Outcomes

1. Understand language can have a non-literal interpretation and use strategies to check; for example, ask familiar adults or peers. Recognise and interpret non-verbal cues to have a shared understanding of what is being communicated.
  2. Develop social communication skills and confidently contribute appropriately to class discussions and participate in group activities independent of adult support.
  3. develop and extend the ability to focus on, attend to and complete tasks with the maximum degree of independence and consistently engage in all curricular activities.
  4. Demonstrate an awareness of metacognition and implement this in his learning: planning, initiating and organising his work independent of adult support.
  5. Develop strategies that accommodate for his memory difficulties and recall information learned during the previous week.
  6. Have improved self-esteem; identify his strengths and hold a positive view of himself as a learner.
  7. Make progress with literacy and maths curriculum to the level that he is accessing the key stage 3 curriculum with support.
  8. Develop writing skills to a level where he can use writing as a means to express and communicate his interests, views and knowledge, supported with technology.
  9. Have improved self-esteem; identify 5 things that he feels are positive qualities or skills that he possesses.
  10. Recognise the signs of his emotional dysregulation; develop and use at least three strategies to manage his distressing feelings. Reduce number of incidences of Chris’s challenging behaviour.
  11. Feel safe in school and establish positive relationships with key adults and peers. Have a small group of trusted friends and participate successfully in learning and social situations in school and the wider community.
  12. Make a successful transition to secondary school and settle into his year group.
  13. Access to his learning is not impacted by his HI
  14. Feels comfortable joining in physical games with peers in a safe manner.
  15. Feels comfortable in his school uniform.
- Has meal options which suit his needs and he eats regularly to maintain his health.

**Plan Autumn 22-23**

<u>Outcome No</u>	<u>Goal</u>
2	Confidently articulate a view or idea to share appropriately in class
10	Recognise, with support, when he is becoming emotionally dysregulated and take action

**Plan**

<u>Outcome No</u>	<u>Goal</u>
12	Make a successful transition to secondary school, settled into his year group
15	Feel comfortable in his uniform

**Do**

Intervention/Resources

- Adult support in lessons where needed
- Social stories and comic book conversations
- Offer HUB (small group teaching in English and maths)
- HUB Nurture (interaction and emotional support)
- Gateway (8:15 to check-in before school)
- Bookmark timetable
- Monitor HI needs

**Review**

Behaviour: 90 positive, 10 negative, 1 day exclusion: physical against a pupil

Attendance: 97.74%

Views: None provided

**Spring 2022-23**

**Plan**

<u>Outcome No</u>	<u>Goal</u>
2	Confidently articulate a view or idea to share appropriately in class Recognise, with support, when he is becoming emotionally dysregulated and take action
10	

**Do**

Intervention/Resources

Referral to Speech & Language Therapy for assessment a guidance to support Chris's clear and fluent speech  
Zones of regulation and Social Stories sessions in HUB

**Review**

Behaviour: 136 positive events, 19 negative events

Attendance: 98%

Views:

**Summer 2022-23**

**Plan**

<u>Outcome No</u>	<u>Goal</u>
-------------------	-------------

**Do**

Intervention/Resources

**Review**

Behaviour:

Attendance:

Views:

Area of Need	1	2	3	4	5	6	7
Speech and Language	<ul style="list-style-type: none"> <li>- Development is not in-line with the typically developing child or young person (CYP)</li> <li>- 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.</li> <li>- 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</li> <li>- 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</li> <li>- CYP is not able to effectively and consistently communicate with range of people and in a range of situations</li> </ul>	<ul style="list-style-type: none"> <li>- 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</li> <li>- 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</li> <li>- 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</li> <li>- 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</li> </ul>	<ul style="list-style-type: none"> <li>- 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</li> <li>- 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</li> <li>- 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</li> <li>- 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</li> </ul>	<ul style="list-style-type: none"> <li>- 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</li> <li>- 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</li> <li>- 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</li> <li>- 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</li> <li>- 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</li> </ul>	<ul style="list-style-type: none"> <li>- 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</li> <li>- 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</li> <li>- 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</li> <li>- 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</li> </ul>	<ul style="list-style-type: none"> <li>- 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</li> <li>- 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</li> <li>- 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</li> <li>- CYP is not able to effectively communicate with familiar people. CYP will be unable to communicate in familiar situations for 25% of the time</li> </ul>	<ul style="list-style-type: none"> <li>- 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</li> <li>- 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</li> <li>- 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</li> <li>- 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</li> </ul>

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

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



Area of Need	1	2	3	4	5	6	7
Social, Emotional and Mental Health	<ul style="list-style-type: none"> <li>- learning and development not in line with the typical developing CYP</li> </ul>	<ul style="list-style-type: none"> <li>- The CYP will have been identified as presenting with some low-level features of social, emotional mental health difficulties</li> <li>- 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</li> <li>- they may follow some but not all school rules/routines around behaviour in the school environment</li> <li>- they may experience some difficulties with social skills</li> <li>- 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</li> <li>- they may be vulnerable as a result of existing diagnosis such as ASD, ADHD or circumstances such as illness, bereavement, trauma</li> </ul>	<ul style="list-style-type: none"> <li>- 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.</li> <li>- 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</li> <li>- 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</li> <li>- 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</li> <li>- the CYP may show patterns of stress/anxiety related to specific times of the day</li> <li>- pupils may have a preference for own agenda and be reluctant to follow instructions</li> <li>- the CYP may have begun to experience short term behavioural crisis</li> <li>- the CYP may not be able to see the changes they can make, with support, in order to make progress</li> <li>- the CYP's behavioural self-regulation has an impact on their learning e.g., impulsivity, hyperactivity, concentration</li> </ul>	<ul style="list-style-type: none"> <li>- 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.</li> <li>- 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</li> <li>- 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</li> <li>- the CYP remains socially and emotionally vulnerable, withdrawn, isolated, and susceptible to unpredictable patterns of behaviour that impact on learning</li> <li>- 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</li> <li>- the CYP has a preference for own agenda and is reluctant to follow instructions</li> <li>- short-term behavioural crisis have become more frequent and are more intense</li> </ul>	<ul style="list-style-type: none"> <li>- 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.</li> <li>- 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</li> <li>- 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.</li> <li>- the CYP is more likely to have experienced fixed term exclusion from school</li> <li>- is regularly inattentive to staff</li> <li>- the CYP is at increased risk of exclusion</li> <li>- 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</li> <li>- significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance</li> <li>- the CYP is increasingly isolated and struggles to maintain positive relationships with adults or peers</li> <li>- the CYP has mental health needs that that have been diagnosed and require medication and regular review</li> </ul>	<ul style="list-style-type: none"> <li>- 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"> <li>- moderate/severe disorder</li> <li>- accessing learning, mental health difficulties, acute anxiety, attachment issues, trauma responses</li> <li>- patterns of regular school absence</li> <li>- disengaged from learning, significant under performance</li> <li>- verbally and physically aggressive Can show disrespect for possessions or property, may constantly communicate through behaviour which may be through harming others</li> <li>- reliant on adult support to remain on task for most of the time and manage self in group</li> <li>- 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</li> <li>- difficulties expressing empathy, emotionally detached, could have tendency to hurt others, self or animals</li> <li>- issues around identity and belonging</li> <li>- difficulties sustaining relationships</li> <li>- over-friendly or withdrawn with strangers, at risk of exploitation</li> <li>- needing to be in control; bullying behaviours (target &amp; perpetrator)</li> <li>- provocative in appearance and behaviour, evidence of sexualised language and/or behaviours</li> <li>- lack of interest in appearance and self-care</li> <li>- requiring a range of therapeutic interventions or referral to specialist support services (CAMHS, CSC, YOT)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- 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"> <li>- The child or young person (CYP):</li> <li>- significant challenging behaviour</li> <li>- poor attendance, requires high level of adult intervention to bring into school, even with transport provided</li> <li>- health and safety risk to self and others due to increased levels of agitation and presenting risks</li> <li>- extreme physical and verbal aggressive behaviour which puts self and others in danger</li> <li>- extreme sexualised language and behaviour, sexually exploited</li> <li>- serious mental health issues where a dedicated mental health professional involved</li> <li>- long term non-attendance and disaffection</li> <li>- anti-social behaviour/criminal activity which may result in Regular appearance in court.</li> </ul> </li> </ul>

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



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"> <li>- CYP scores below 5 points on the NATSIP Eligibility Framework for Scoring Levels - Vision Impairment</li> </ul>	<ul style="list-style-type: none"> <li>- scores between 6-14 points on the NATSIP* Eligibility Framework for Scoring Levels – vision impairment</li> <li>- is within the range 6/12 - 6/18 Snellen/Kay (LogMAR 0.3 – 0.48)</li> <li>- will function at a mild level of vision impairment</li> <li>- may be difficulty with near, distance or field of vision but the difficulty will not be significant at this level of support</li> <li>- may have colour differentiation difficulties</li> <li>- may have patching for squints, monocular vision or may have fluctuating vision impairment</li> <li>- may have a restricted field of vision</li> </ul>	<ul style="list-style-type: none"> <li>- scores of between 14-24 points on the NATSIP* Eligibility Framework for Scoring Levels - vision impairment</li> <li>- mild/moderate – 6/15- 6/19 Snellen/Kay (LogMAR 0.4- 0.5)</li> <li>- has impaired function in the educational setting and this is generally accepted to be the key criterion</li> <li>- may have a restricted field of vision; fluctuating visual impairment; deteriorating conditions; cerebral visual impairment. Recently acquired permanent VI or late diagnosis.</li> <li>- will have a bilateral impairment</li> </ul>	<ul style="list-style-type: none"> <li>- scores between 25-39 points on the NATSIP* Eligibility Framework for Scoring Levels - vision impairment</li> <li>- NatSIP Criteria – moderate vision loss – 6/19-6/24 Snellen/Kay (0.5- 0.6 (LogMAR)</li> <li>- restricted field of vision; fluctuating visual impairment; deteriorating conditions; cerebral visual impairment; recently acquired permanent VI or late diagnosis;</li> <li>- will have a bilateral impairment</li> <li>- will require differentiated visual materials with support</li> <li>- interaction with adults and peers may be impaired</li> </ul>	<ul style="list-style-type: none"> <li>- scores between 40-49 points on the NATSIP* Eligibility Framework for Scoring Levels – vision impairment</li> <li>- NatSIP Criteria – moderate to severe vision loss 6/24-6/36 Snellen/Kay (LogMAR 0.6-0.78)</li> <li>- will have a bilateral impairment</li> <li>- 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.</li> </ul>	<ul style="list-style-type: none"> <li>- scores between 50-69 points on the NATSIP Eligibility Framework for Scoring Levels – vision impairment.</li> <li>- 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.</li> <li>- may have little functional sight or be educationally blind and needs will be permanent and lifelong due to the nature of their disability.</li> <li>- CYP, family and setting will require support in managing their understanding of a severe vision impairment.</li> </ul>	<ul style="list-style-type: none"> <li>- scores above 70 points on the NATSIP* Eligibility Framework for Scoring Levels – vision impairment</li> <li>- NatSIP Criteria –profound loss – 6/60 Snellen/Kay (LogMAR 1.02) or greater</li> <li>- will have a bilateral impairment</li> <li>- 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.</li> <li>- may have little functional vision and be registered as severely sight impaired/blind</li> <li>- may have MDVI (multi disability and visual impairment), deteriorating conditions and cerebral visual impairment.</li> </ul>

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