



Thames View Junior School

SEND Handbook 2021 – 2022

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Expectations Re: SEN

The attached constitute a Classroom Teacher's responsibilities re: the most recent Code of Practice for the management of SEND in schools (DFE00205-2013, January 2015).

Expectations Re: SEN

Teacher Responsibilities

Class teachers and subject teachers are responsible for children with special educational needs/disabilities. These statements are from the 0-25 SEND Code of Practice (2015):

- 'Teachers are responsible and accountable for the progress and development of the pupils in their class, including where pupils access support from teaching assistants or specialist staff.'
- 'The class or subject teacher should remain responsible for working with the child on a daily basis, even when interventions involve group or one-to-one teaching away from the main class or subject teacher...'
- 'They should work closely with any teaching assistants or specialist staff involved, to plan and assess the impact of support and interventions and how they can be linked to classroom teaching.'
- 'Working with the SENDCO, [they] should revise the support in light of the pupil's progress and development, deciding on any changes to the support and outcomes in consultation with the parent and pupil.'

(0-25 SEND Code of Practice, sections 6.36, 6.52, 6.54)

Ofsted expectations

'The provision made for pupils with SEN should be recorded accurately and kept up to date. As part of any inspection, Ofsted will expect to see evidence of pupil progress, a focus on outcomes and a rigorous approach to the monitoring and evaluation of any SEN support provided. Ofsted publish more detail about their expectations in their inspection guidelines.'

(0-25 SEND Code of Practice, 2015, s. i)

Areas of teacher responsibility

Class and subject teacher responsibilities under the 0-25 SEND Code of Practice (2015) can be categorised under the three headings below.

Class and subject teachers will work closely with and be supported by the SENDCO. Under the previous framework, the SENDCO had direct responsibility for supporting children/young people with special educational needs/disabilities. However, under the new 0-25 SEND Code of Practice (2015), their role is more strategic and supportive.

Teachers have responsibilities:

- Directly to children/young people at risk of or with special educational needs/disabilities (eg identification, assessment, intervention, monitoring and review);
- Working with families;
- Working with other professionals.

The teacher responsibilities listed below are outlines for information only. Teachers need to refer to the 0-25 SEND Code of Practice (2015) and the SEND Regulations 2014 for specificity and detail.

In relation to children/young people at risk of or with special educational needs/disabilities, class and subject teachers should:

- Ensure early identification of:
 - special educational needs;
 - barriers to learning;
 - appropriate interventions and actions (eg 'graduated approach', 'SEN support') in consultation with the SENDCO;
- Have full knowledge of children's/young people's 'SEN support' or Education, Health and Care Plans;
- Provide access to a broad and balanced curriculum;
- Understand and provide 'high quality teaching';
- Have appropriate high expectations based on assessment;
- Assume responsibility and accountability for their learning, progress and development;
- Maintain responsibility for working with them on a daily basis, even when interventions involve group or one-to-one teaching/support away from the main class;
- Regularly assess, monitor and review their progress (academic, developmental and social-emotional) during the course of the year with a view to ensuring the ultimate outcome of 'a successful transition to adult life';
- Through professional development, secure knowledge, understanding and skills around:
 - Identification of specific special educational needs in the context of monitoring all pupils' progress and development;
 - Appropriate basic or advanced understanding of specific special educational needs/disabilities;
 - Quality teaching for pupils with special educational needs.

(List sections for information: Sections 1.7, Chapter 6, 9.212)

Class teachers should apply the graduated approach to suspected special educational needs in consultation with the SENDCO (and Designated Teacher if the pupil is 'looked after' by the local authority), parents/carers and young people. They should:

- Confirm delivery of 'high quality teaching' as a first step;
- Identify evidence-based interventions related to the pupil's apparent special educational needs, implement them strategically and evidencing impact; **simultaneous with...**
- Carry out a clear analysis of the pupil's needs based on all available evidence (eg school documentation of the pupil's progress to date with reference to national and peer-group data);
- Assess pupil needs formally and informally (including parents'/carers and pupil views);
- Where necessary, gain more specialised assessments from external agencies and professionals (as agreed with parents/carers');
- Make a decision about the level of special educational support required (with reference to the Local Offer and external agencies as necessary);
- Decide on the form and nature any special educational support (with reference to the Local Offer and external agencies as necessary).

For detailed description of the graduated approach read sections 5.36-5.47 (early years), 6.44-6.56 (schools), 7.14-7.21 (further education).

Working with families

Class and subject teachers must:

- Formally notify parents where it is decided to provide a pupil with 'SEN support', although parents and pupils should have already been involved in forming the initial assessment of needs;
- Contribute at least annually to an EHC Plan review where necessary;
- Produce an annual report on pupil progress.

Class and subject teachers should:

- Inform and involve parents/carers at the point of their and the SENDCO's initial concerns about a child/young person's learning and possible special educational needs;
- Develop a positive dialogue with them around their child's special educational needs, progress and outcomes;
- Be aware of how to handle any potential informal complaints;
- When a pupil is receiving 'SEN support', talk to parents regularly in addition to general best practice (i.e. meeting with them three times per year; and must produce an annual report on pupil progress). EHC Plans should be reviewed at least once per year.

There should be no time when parents are unaware of a school's concern that their child has special educational needs. The teacher and the SENDCO (and Designated Teacher if the pupil is 'looked after' by the local authority) should agree in consultation with the parent and the pupil:

- The adjustments, interventions and support to be put in place;
- The intended impact on progress, development or behaviour;
- Involvement of specialists;
- A clear date for review.

Parents should be given clear information about the impact of the support and interventions provided, enabling them to be involved in planning next steps.

Working with other professionals

The SENDCO (and Designated Teacher if the pupil is 'looked after' by the local authority) should advise and support the class or subject teacher in assessment, problem-solving and the effective implementation of support.

Working with the SENDCO (and Designated Teacher if appropriate), class teachers and subject teachers should revise a pupil's support in light of their progress and development, deciding on any changes to the support and outcomes in consultation with the parent and pupil.

Teachers and support staff who work with the pupil should be made aware of their needs, the outcomes sought, the support to be provided and any teaching strategies or approaches that are required. (This information should also be available on the school's information system.)

Teachers should work closely with any teaching assistants or specialist staff involved, to plan and assess the impact of support and interventions and how they can be linked to whole-class teaching.

Teachers should work with the SENDCO to identify patterns in the identification of SPECIAL EDUCATIONAL NEEDS.

Teachers should work collaboratively with other professionals (including those from other disciplines) to improve special educational needs identification and support (eg approaches, strategies, resources, outcomes, review dates, etc).

SEND Code of Practice: 0-25 Years Summary

SEND Code of Practice: 0-25 years Summary

About the guidance

The Code of Practice provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations and applies to England. It relates to children and young people with special educational needs (SEN) and disabled children and young people. Schools in the UK **must** have regard to the Code of Practice.

Changes from the SEN Code of Practice 2001

The main changes from the SEN Code of Practice (2001), to reflect the new legislation, are:

- The Code of Practice (2014) covers the 0-25 age range;
- There is a clearer focus on the views of children and young people and on their role in decision-making;
- It includes guidance on the joint planning and commissioning of services to ensure close cooperation between education, health services and social care;
- For children and young people with more complex needs a coordinated assessment process and the new 0-25 Education, Health and Care Plan (EHC Plan) replace Statements and Learning Difficulty Assessments (LDAs);
- There is new guidance on the support pupils and students should receive in education and training settings;
- There is a greater focus on support that enables those with SEN to succeed in their education and make a successful transition to adulthood.

Definitions of Special Educational Needs (SEN)

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for them. A child of compulsory school age or a young person has a learning difficulty or disability if they:

- (a) Have a significantly greater difficulty in learning than the majority of others of the same age; or
- (b) Have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

Disabled children and young people without SEN are not covered by the Bill or this Code of Practice, but are covered by provisions elsewhere in legislation, including in the Children Act 1989, the Equality Act 2010 and the Health and Social Care Act 2012.

Principles underpinning the Code of Practice

Local authorities, in carrying out their functions under the Bill, **must** have regard to:

- the views, wishes and feelings of the child or young person, and their parents;
- the importance of the child or young person, and their parents, participating as fully as possible in decisions; and being provided with the information and support necessary to enable participation in those decisions.
- the need to support the child or young person, and their parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes.

These principles are designed to support:

- The involvement of children, parents and young people in decision making.
- The identification of children and young people's needs.
- Collaboration between education, health and social care services.
- High quality provision to meet the needs of children and young people with SEN.
- Greater choice and control for young people and parents over their support.
- A focus on inclusive practice and removing barriers to learning.
- Successful preparation for adulthood, including independent living and employment.

Involving children, young people and parents in decision making

Effective "person-centred" planning should help parents, children and young people express their needs, wishes and goals and should:

- focus on the child or young person as an individual, not their SEN label;
- be easy for children, young people and their parents to understand and use clear ordinary language and images, rather than professional jargon;
- highlight the child or young person's strengths and capacities;
- enable the child or young person, and those who know them best, to say what they have done, what they are interested in and what outcomes they want;
- tailor support to the needs of the individual;
- organise assessments to minimise demands on families; and
- Bring together relevant professionals to discuss and agree together the overall approach.

The local offer

Local Authorities **must** publish a local offer, setting out in one place information about provision they expect to be available for children and young people in their area who have SEN. Local Authorities **must** make their local offer widely accessible and on a website. The local offer should cover:

- Support available to all children and young people with SEN from universal services such as schools;
- Targeted services for children and young people with SEN who require additional short term support over and above that provided routinely as part of universal services;
- Specialist services for children and young people with SEN who require specialised, longer term support.

In addition to the information in the local offer, schools are required to publish, under the *Special Educational Needs (Information) Regulations*, more detailed information about their arrangements for identifying, assessing and making provision for pupils/students with SEN. The school-specific information should reflect the local offer and elaborate on it. Local Authorities and their local partners must cooperate with each other in the development and review of the local offer.

Improving outcomes for all – high expectations for children and young people with SEN

All children and young people are entitled to an education that enables them to:

- Achieve their best;
- Become confident individuals living fulfilling lives; and
- Make a successful transition into adulthood, whether into employment, further or higher education or training.

The majority of children and young people with SEN have their needs met through mainstream education providers and will not need Education, Health and Care Plans.

Key Requirements

Maintained nursery schools, mainstream schools (maintained schools and academies and free schools) that are not special schools), 16-19 academies, further education institutions, pupil referral units and alternative provision academies **must**:

- Designate an appropriate member of staff (the SEN Coordinator, or SENDCo) as having responsibility for coordinating for children with SEN;
- Ensure that children with SEN take part in the activities of the school together with children who do not have SEN as far as possible;
- Publish information on the school or nursery's SEN policy, and the measures and facilities put in place to assist access for disabled children.

Educational settings also have duties under the Equality Act 2010. In particular, they **must** make reasonable adjustments for disabled children and young people to help alleviate any substantial disadvantage they experience because of their disability, and they **must not** discriminate against or harass them.

Support for children and young people with SEN

All early years and education providers are responsible for meeting special educational needs and **must** use their "best endeavours" to secure the special educational provision called for by a child or young person's SEN.

Special educational provision is educational or training provision that is additional to or different from that made generally for others of the same age. This means provision that goes beyond the differentiated approaches and learning arrangements normally provided as part of high quality, personalised teaching. It may take the form of additional support from within the setting or require the involvement of specialist staff or support services.

The benefits of early identification are widely recognised; identifying need at the earliest point and then providing good interventions; improves long-term outcomes for the child or young person. Where a SEN is identified, early years providers, schools and colleges should put appropriate evidence-based interventions in place. These should be provided as part of a graduated approach, which includes regular review of the progress made and adaptations to the support provided as required. Plans for the use of support should relate to a clear set of expected outcomes, which should include stretching and relevant academic and developmental targets. Progress towards these outcomes should be tracked and reviewed regularly, at least termly. In schools, support should be planned and reviewed by the class or subject teacher, in collaboration with parents, SENDCos, and, where appropriate, the pupil themselves.

Areas of special educational need

Special educational needs and provision can be considered as falling under four broad areas.

1. Communication and interaction.
2. Cognition and learning.
3. Emotional, social and mental health.
4. Sensory and/or physical.

Support in schools

Teachers are responsible and accountable for the progress and development of the pupils in their class, even where pupils access support from teaching assistants or specialist staff. Where a pupil is not making adequate progress, teachers and SENDCOs and parents should collaborate on problem-solving, planning support and teaching strategies for individual pupils.

High quality teaching, differentiated for individual pupils, is the first step in responding to pupils who have or may have SEN. Additional intervention and support cannot compensate for a lack of good quality teaching. The majority of pupils can make progress through such teaching. Schools should regularly and carefully review the quality of teaching for pupils at risk of underachievement.

Identifying needs in schools

A pupil has SEN where their learning difficulty or disability calls for special educational provision, that is provision different from or additional to that normally available to pupils of the same age. Making higher quality teaching normally available to the whole class is likely to mean that fewer pupils will require such support. Such improvements in whole-class provision tend to be more cost effective and sustainable.

Class and subject teachers, supported by the senior leadership team, should make regular assessments of progress for all pupils. These should seek to identify pupils making less than expected progress given their age and individual circumstances. This can be characterised by progress which:

- Is significantly slower than that of their peers starting from the same baseline.
- Fails to match or better the child's previous rate of progress.
- Fails to close the attainment gap between the child and their peers.
- Widens the attainment gap.

It can include progress in areas other than attainment – for instance where a needs to make additional progress with wider development or social needs.

The Graduated Approach

Where a pupil is identified as having SEN, schools should take action to remove barriers to learning and put effective special educational provision in place. This SEN support should take the form of a four-part cycle through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the pupil's needs and of what supports the pupil in making good progress and securing good outcomes. This is known as the graduated approach. It draws on more detailed approaches, more frequent review and more specialist expertise in successive cycles in order to match interventions to the SEN of children and young people:

- Assess.
- Plan.
- Do.
- Review.

Specialist support

Where a child continues to make little or no progress, despite well-founded support that is matched to the child's area of need, the school should consider involving specialists, including those from outside agencies. Schools make involve specialists at any point to advise them on early identification of SEN and effective support.

Use of data and record keeping

It is for schools to determine their own approach to record keeping. But the provision made for pupils with SEN should be accurately recorded and kept up to date. Schools already use information systems to monitor the progress, behaviour and development of all pupils. Details of SEN, outcomes, teaching strategies and the involvement of specialists should be recorded as part of this overall approach.

Provision maps are a powerful way of showing all the provision that the school makes which is *additional to* and *different from* that which is offered through the school's differentiated curriculum. The use of provision maps helps SENDCos to maintain an overview of the collective programmes of individual children and young people and provides a basis for monitoring the levels of intervention and assessing their impact on progress.

The role of the SENDCo in schools

Governing bodies of maintained mainstream schools and the proprietors of academy schools (including free schools) **must** ensure that there is a qualified teacher designated as SENDCo. The SENDCo **must** be a qualified teacher working at the school. A newly appointed SENDCo **must** be a qualified teacher and where they have not previously been the SENDCo at that or any other relevant school for a total period of more than twelve months, they must achieve the national award.

The SENDCo has an important role to play with the head teacher and governing body, in determining the strategic development of SEN policy and provision in the school. They will be most effective in that role if they are part of the school leadership team.

The SENDCo has day-to-day responsibility for the operation of SEN policy and coordination of specific provision made to support individual children with SEN, including those who have EHC Plans.

The SENDCo provides professional guidance to colleagues and will work closely with staff, parents and carers, and other agencies. The SENDCo should be aware of the provision in the Local Offer and be able to work with professionals providing a support role to the family to ensure that children with SEN receive appropriate support and high quality teaching.

The school should ensure that the SENDCo has sufficient time and resources to carry out these functions. This should include providing the SENDCo with sufficient administrative support and time away from teaching to enable them to fulfil their responsibilities in a similar way to other important strategic roles within a school.

What must the SEND Information Report include?

The SEND Code of Practice sets out the information the report **must** include:

- The kinds of special educational needs that are provided for.
- Policies for identifying children and young people with SEND and assessing their needs, including the name and contact details of the SENDCo (mainstream schools).
- Arrangements for consulting parents of children with SEND and involving them in their child's education.
- Arrangements for consulting young people with SEND and involving them in their education.
- Arrangements for assessing and reviewing children and young people's progress towards outcomes, including the opportunities available to work with parents and young people as part of this assessment and review.
- Arrangements for supporting children and young people in moving between phases of education and in preparing for adulthood. As young people prepare for adulthood outcomes should reflect their ambitions, which could include higher education, employment, independent living and participation in society.
- The approach to teaching children and young people with SEND.
- How adaptations are made to the curriculum and the learning environment of children and young people with SEND.
- The expertise and training of staff to support children and young people with SEN, including how specialist expertise will be secured.
- Evaluating the effectiveness of the provision made for children and young people with SEND.
- How children and young people with SEND are enabled to engage in activities available with children and young people in the school who do not have SEND.
- Support for improving emotional and social development. This should include extra pastoral support arrangements for listening to the views of children and young people with SEND and measures to prevent bullying.
- How the school involves other bodies, including health and social care bodies, local authority support services and voluntary sector organisations, in meeting children and young people's SEND and supporting their families.

**SEN Flowchart
Advice for Staff
And
Initial Concerns/Referral
Form**

SEN Flowchart
Advice for all staff

Our aim is for pupils' needs to be identified as quickly and accurately as possible. If you have concerns about a pupil not already identified with SEND, the following guidance sets out the steps to be taken.

1. Complete the “**Initial Concerns/Referral Form**”, gathering all relevant evidence, including evidence of strategies/interventions/support already in place. The form can be found in: Teacher Drive > Planning 19-20 > SEND > Referral Forms.
2. Arrange to meet with the SENDCo at their surgery. Bring the above evidence to the meeting. A decision will be made at this meeting as to whether the pupil requires further assessment as part of the school's Graduated Approach and SEND Support.

If the pupil requires additional assessment e.g. diagnostic assessment, further teacher assessment, further discussion with parents or pupil, this will be arranged by the teacher or SENDCo, as appropriate.

If the pupil does not require further assessment, further advice will be provided on strategies for supporting the pupil as part of high quality teaching. The pupil will continue to be monitored through the whole school tracking system.

A decision will be made as to whether the pupil meets the school SEND criteria for SEND Support.

If the pupil meets the criteria for SEND Support, this will be recorded on the SEND Register and parents will be formally informed.

If the pupil *does not* meet the criteria for SEND Support, further advice will be provided on strategies for supporting the pupil in class. The pupil will continue to be monitored through the whole school tracking system.

An Individual Support Plan will be developed for the pupil, with the pupil, parent and teacher/SENDCo. This will be shared and implemented by all staff supporting the pupil. The plan will be reviewed in accordance with the assess, plan, do, review cycle.

If concerns are raised again, the flowchart process will be repeated.



Initial Concerns/Referral Form



Thames View Junior School SEND Referral Form Teacher Concerns

Name of Pupil	Form SEND
D.O.B.	
Attached documents	Evidence of quality-first teaching (QFT) Teacher-parent/teacher-child discussion notes Data (tracking of progress and attainment) Observation notes (including teaching assistant observations) Other (please state):
Areas of concern (including evidence)	
Notes from discussions with pupil/parents/staff	
What has been done to date (including high quality teaching strategies, intervention and impact)?	
What needs to happen next and why?	
Any other comments?	
Date of referral	
Teacher's name	Signature

Managing SEND/Diagnosed Conditions in the Classroom.

“Class Teachers and Subject Leads are responsible for children with Special Educational Needs/Disabilities”

These statements are from the 0-25 SEND Code of Practice (2015).

The Class Teacher should remain responsible for working with the child on a daily basis, even when interventions involve group or one-to-one teaching/support away from the main class.

- Provide access to a broad and balanced curriculum.
- Understand and provide “high quality teaching”.
- Assume responsibility and accountability for their learning, progress and development.
- Know your Student’s needs.
- Share what works.
- Continue to support each other.

Thames View Junior School

Autistic Spectrum Conditions

The Asperger's Friendly Classroom

Autistic (or Autism) Spectrum Condition (ASC) is a term used to refer to a group of lifelong developmental disorders that are characterised by impairments in all three of the following areas: social interaction and social relationships, social communication and an inflexibility of thinking. People with difficulties in these areas might also be referred to as having Pervasive Developmental Disorder, (PDD), Asperger's syndrome (AS) or high functioning autism (HFA). Some people with ASC have severe learning disabilities and some may never speak or communicate effectively. People with Asperger's syndrome usually have an above average or an average IQ and acquire language at about the same time as typically developing peers.

Asperger's Syndrome is an organic problem and is not caused by the way someone is brought up. In recent years the use of MRI scanners and other peer approved research to analyse brain responses to words, non-verbal actions and situations has proved what in the past was only supposition.

Characteristics of Asperger's Syndrome:

Some, but not all of the following may be present (this is not an exhaustive list) and every person with an ASC is an individual with their own characteristics, IQ and family background.

Interaction and social relationships:

- May not recognise the need for different social behaviours in different social settings or with different people.
- May have difficulties in handling confrontations or difficult situations; unwittingly behaving in an antisocial way. This behaviour may occur some time after the event and may therefore be difficult to attribute to it.
- May appear over familiar or precocious or conversely may appear over formal.
- May appear to lack empathy or understanding of the needs and feelings of others, probably will not desire adult approval.
- Difficulty in reading social cues. May pick up the wrong signals – if an adult is laughing and joking with me it is OK for me to be over familiar with them. If an adult is formal with me and rarely smiles at me, they do not like me.
- May misinterpret others' intentions and can therefore be vulnerable socially.
- May appear indifferent or socially isolated.
- May feel uncomfortable with others' approaches but not know how to indicate this or why they are feeling this.
- May appear over friendly, desiring friendship, but lacking the skills to achieve this – socially "clumsy".
- May appear "shifty" with poor or inappropriate eye contact.
- May be very impulsive in their responses, fight / flight mechanism rather than planning, organising and executing a measured response. All or nothing.

THINK DEVELOPMENTALLY – it avoids the feeling of being personally challenged.

Communication

Despite having a well-developed vocabulary and grammar, people with Asperger's Syndrome often have an impaired understanding of what communication is all about. Friendship and social contact is generally desired, but can be misunderstood. The majority of people with Asperger's Syndrome are emotionally vulnerable. Behavioural outbursts or periods of depression, because of their sense of being misunderstood and their inability to explain this, are not uncommon.

- May be unaware of when or how to ask for help or when to assert themselves.
- May be unable to understand the motives of others and unless a particular rule or response has been taught, they may not be able to use previous knowledge to inform them.
- May give the wrong signals in terms of body language.
- May have trouble understanding sarcasm, jokes, idiom and metaphors.
- Language may appear stilted or pedantic.
- The quality of their communication may deteriorate sharply under stress.
- Poor understanding of facial expression, voice tone or intonation.
- Limited use of or understanding of gesture.
- Poor judgement of other people's body language and intentions and may give the wrong messages through their own body language.
- Literal interpretation; believes what is said.
- May come across as argumentative, stubborn or belligerent in responses or may be over compliant, agreeing to things in order to engage in social contact.
- An impairment in their development of Theory of Mind (understanding another's thoughts and feelings), means that they can be honest to the extent of bluntness or rudeness. They speak as they find, no social niceties.
- Tend to be immature socially in relation to their peers and also in relation to their other abilities. This can lead to misconceptions.

THINK DEVELOPMENTALLY – it avoids the feeling of being personally challenged.

Flexibility of thinking

- May prefer routine and predictability. Unexpected or unplanned events may cause stress, anxiety or inappropriate behaviours and responses.
- May like set rules and may overreact to other peoples' infringement of them.
- May have strong interests in rather narrow and unusual areas.
- Tend to learn the rules and not be able to transfer or generalise them (I am told that this person is a friend. Friends are always good to each other, therefore whatever this person does or asks me to do must be good. Or This person was once angry with me. They do not like me. I do not like this, therefore I do not like them).
- May have difficulties in understanding other's perspectives or seeing things from a different view.

THINK DEVELOPMENTALLY – it avoids the feeling of being personally challenged.

ASC is a hidden disability. It is not always immediately obvious. A person with Asperger's Syndrome's command of spoken language is not indicative of their level of understanding. Their apparent independence belies their social disability.

Autistic Spectrum Conditions (including Autism and Asperger's Syndrome) are identified mental and behavioural disorders in the World Health Organisation International Classification of Diseases, ICD10.

Thames View Junior School

The Autism Friendly Classroom

The Learning Environment

- Have areas in the classroom designated and labelled for specific activities.
- Consider seating position.
- Consider the use of quiet distraction free work areas to increase focus of attention.
- Consider giving access to appropriate role models.
- Prepare in advance, when possible, for changes in routine – visually if possible.

Teaching Method / Strategies

- List the elements of the teaching session so that pupils can follow the separate parts as they happen, refer to this list showing pupils how the lesson is moving from start to finish.
- Keep spoken language clear, unambiguous and explicit. Minimise use of sarcasm and subtle humour. Remember you may be interpreted literally.
- If you have to keep repeating verbal instructions – present them as a written list. Some pupils may need these presented individually. If this is the case, encourage the pupil to cross off each part as it is completed.
- Make sure the pupil knows what to do when they have finished the task, for example by giving this information at the end of the task sheet.
- Many pupils with an autistic spectrum disorder may have good vocabulary. This does not necessarily mean that they can process and organise spoken and written information. Teach study skills such as mind mapping, exam techniques etc.
- Do not introduce more than one skill at a time, this includes social skills. Provide opportunities to rehearse skills and to practice them in advance of the setting in which they are needed.
- If a lesson requires an 'end product', present a finished example at the beginning (this equally applies to an end product which will take several sessions to complete). Keep making connections which show how each element links to the other, where it has come from and where it is going.
- When using worksheets, keep content to the key points, avoid unnecessary information or graphics. Ensure it is clear where to put answers, where to begin and finish, what equipment is needed and what to do if there is a problem.
- Provide reading materials with the main ideas underlined or highlighted.
- Give pupils their own copy of what is written on the board/IWB/projector to help focus attention and support spatial awareness.
- Make use of visualisers and other ICT resources where available.
- Clarify the purpose of the task. Where it is to show understanding and knowledge, consider alternative methods for recording responses – verbally, visually, paired work, scribed, cloze procedure, true/false or yes/no statements.
- In a challenging/confrontational situation, drop eyes and reduce spoken language and social interaction significantly.
- Many pupils are not motivated by pleasing the teacher or the usual rewards, such as certificates, merits, being pupil of the week etc. However, you will need to negotiate appropriate rewards or motivators as this will ensure task completion. Ten minutes helping tidy a cupboard may be much more powerful as a motivator.
- Ensure that, wherever possible, the pupil is sitting with or near appropriate role models. Consider this when deciding on seating and setting etc.

Communication

- Engage attention – physically, verbally or visually.
- Use the pupil's name to gain attention.
- Give pupil time to process language and respond.
- Slow the pace of language and emphasise key points.
- Simplify language.
- Be concrete and specific.
- Give one instruction at a time – not a sequence.
- Avoid vague terms like 'later' and 'maybe'.
- Use gesture, modelling and demonstration with verbalisation.
- Break tasks into smaller steps.
- Use additional (or written) clues to aid understanding.
- Be sensitive to the pupil's attempts to communicate.
- Create situations which will encourage the pupil to communicate.
- Don't assume that a pupil has understood instructions just because he can repeat them.
- Metaphors, idioms and double meanings should be explained and sarcasm should be avoided.
- Remember that facial expressions and body language used in the classroom may not be understood (teach pupils how to interpret body language, facial expressions etc).
- Provide accurate and prior information about change.
- Don't rely on emotional appeals.
- Don't give options if there are no options – be consistent.
- Teach safety phrases to give the pupil a script to help them to identify the speaker's intentions.
- Some pupils cannot listen and give eye contact at the same time – do not insist on eye contact, but check for understanding.
- Explain to pupil why giving a short burst of eye contact makes the speaker feel good.
- Teach rules and cues regarding turn-taking in conversation, for example when to reply, interrupt, change topic.
- If you have to repeat yourself, use the same language, do not change it. Changing language makes it a different question.

Social Interaction

- Understand that the pupil may feel threatened by the close proximity of others but may invade others' space.
- Some pupils may find the social environment of school stressful and tiring. Consider how you could allow both time and physical space to allow time for solitary reflection.
- Teach appropriate opening comments and other scripts for both initiating, maintaining and closing conversations.
- Ensure that both staff and peers allow as much independence as is appropriate.
- Build in time for pupil to observe the social interactions of others.
- Misunderstanding the intentions of others and misreading body language may lead to a perception of bullying and general unhappiness.

Flexibility of Thinking

- Provide a structured, consistent and predictable environment.
- Avoid surprises. Prepare in advance using visual cues.
- Remember that an increase in unusual difficulties or behaviour probably indicates an increase in stress.
- For a pupil who has an obsession – don't try to stop it, make it manageable, limit it by working out when it can happen and try to use it positively.

Motivation

- Do not presume that the pupil will feel a need to please you. Many pupils with an ASC are not motivated by your pleasure in their success. You may need to provide false motivators to gain pleasure in task completion.
- Many pupils with an ASC are not motivated by the usual classroom/school rewards. Be creative and show visually how a pupil can achieve the reward/motivator.

Emotional Vulnerability

- Provide specific praise.
- Teach the pupil how to request help – don't assume that they know.
- Be aware that some pupils may experience depression. Teach relaxation and anger management skills; avoid verbal counselling.

Personal Organisation

- A check list can be helpful for the pupil to organise their equipment independently.
- Support a pupil to maintain a list of work to be completed and teach the pupil to use this independently.

Sensory Issues

- Be aware that normal levels of auditory and visual input can be perceived by the pupil as too much or too little.
- Over sensitivity to touch may lead to a perception of bullying, therefore the pupil may need to be taught about the intentions of others.
- All unstructured settings such as lesson change-overs, break-times and lunch times are potentially stressful and difficult.

Thames View Junior School The ADHD Friendly Classroom

There are 3 basic principles for making education accessible for students with ADHD. These are:

- The need for precision and clarity in communicating with the student.
- The need to protect the student from distractions.
- The need to foster the student's self-esteem.

The following are some general guidelines for use when working with a student who has ADHD. It is important to remember that, for no apparent reason, they will often be more focused and less impulsive. This does not mean they have any control over this behaviour just that it is as confusing and frustrating for them as it is for you! It is also important to realise that we are more inclined to notice inappropriate behaviour than we are the maturity and generosity that their impulsive behaviour often elicits.

General guidance

Task breakdown

Students with ADHD need tasks broken down into small, clear 'chunks' preferably presented as a list which they can tick off. Giving a time frame such as, "complete questions 1-4 by quarter to 12" will be more effective than just asking them to complete a task.

Structure

Clear structure is very important as it provides a visual 'path' for them to follow.

Reinforcing the rules

Tactical ignoring is a very powerful tool when used consistently. Instead of reacting to the student with ADHD, ignore them and focus on a student who is using appropriate behaviour. For example, when the student shouts out the answer without raising their hand, ignore them and elicit an answer from another student, praise them for following the rules and accept their answer. It will have the same long term effect without being so detrimental to the student with ADHD.

Seating position

The student should be seated away from distractions in a place that is easy for the teacher to re-direct. This will usually be to the front of the classroom off to one side. If possible seat them next to, or in between good role models. Where space allows it may be useful to provide a desk facing the wall for times when independent work is required. The space on the wall in front of them could then be utilised for notices such as class rules and task breakdowns.

Praise

Catch them being good! Praise them every chance you get, try to focus on their positive contributions rather than their negative ones. Students with ADHD usually have poor self-esteem even though they outwardly appear happy and confident. It is difficult to like yourself when you are always in trouble for being you. Students with ADHD aren't usually behaving badly on purpose they are just behaving; you need to provide them with an alternative, more suitable behaviour.

Poor memory

Students with ADHD often have very poor memories. This means that they may not have the right equipment or books, they will forget homework, detentions and instructions. Write everything down and remind them.

Thames View Junior School

Working with an Additional Adult in the Classroom

The role of an Additional Adult is to help enable students with SEN to access the curriculum. The Additional Adult will help to overcome any barriers to learning, whether academic, social, emotional or behavioural. It is the responsibility of the subject teacher to plan for a student's special educational needs and utilize the teaching assistants appropriately. This, of course, can be done in partnership with the Additional Adult, but notice is required.

Lessons

The role of the Additional Adult in the classroom is to help support learning and to help manage behaviour.

Learning is supported by:

- Helping students to settle quickly to their tasks.
- Ensuring that all students can hear/see the teacher's instructions.
- Working quietly with students to keep them on task.
- Enabling students to complete their classwork by differentiating, prompting, reading or if necessary, scribing.
- Setting timed targets.

Behaviour management is supported by:

- Helping to ensure an orderly start and finish to each lesson.
- Helping to ensure that when the teacher speaks, the students listen.
- Quietly reminding students of classroom rules.
- Actively working to diffuse confrontational behaviour/situations.
- Indicating quietly and professionally to the teacher which students are not following the expected code of behaviour.
(N.B. It is the teacher's decision as to who should be relocated)
- Setting a good example of expected behaviour and attitude.

An Additional Adult can be expected to carry out a variety of tasks:

- Provide information about the class and individual students for the class teacher.
- Annotate class lists with SEN/EAL/Medical information.
- Differentiate aims, objectives and tasks in written or oral form.
- Distribute materials e.g. books, worksheets, equipment etc.
- Collate information for the teacher e.g. test results, letters from home, reports etc.
- Help present new information e.g. team teaching, shared reading, role play etc.
- Make notes on board or screen during explanations or feedback sessions.
- Work with small groups or individual students.
- Take part in planning sessions or workshops.

To assist the classroom teacher and to avoid disruption to the lesson, an Additional Adult should:

- Follow the lesson in order to assist students later.
- Sit *with* the class or, if agreed with the teacher, an individual student.
- Move quietly to where the student is seated to work with them.
- Refer discipline problems to the class teacher; they will decide if a student should be warned or relocated.
- Arrange for the relocation of a student if directed by the classroom teacher.
- Take care not to escalate any discipline problems.
- Remain calm and non-confrontational.

These guidelines are not exclusive and sometimes may need to be adapted according to circumstances.

Any persistent problems should be referred to the SENDCo, J. Hall.

SEND Glossary

SEND Glossary

- **Asperger's Syndrome**
Often referred to as "high-functioning autism", leading to a difficulty in communicating, difficulty in social relationships and a lack of understanding of how people feel.
- **Attachment Disorder**
A mental and emotional condition caused as a result of failure to form an appropriate bond with primary carers in early childhood.
- **Attention Deficit Hyperactivity Disorder (ADHD)**
A difficulty resulting in an inability to maintain concentration, impulsive behaviour and constant movement.
- **Autistic Spectrum Condition (ASC)**
A difficulty in understanding and using non-verbal and verbal communication.
- **Cerebral Palsy**
A condition occurring before, during or after birth in which there is abnormal brain development or injury to the brain. Results in difficulties with muscle control and movement.
- **Cognitive Difficulty**
Refers to difficulties in the way the brain remembers and organises thoughts and solves problems.
- **Cystic Fibrosis**
A genetic condition affecting the internal organs, especially the lungs and digestive system.
- **Down Syndrome**
A genetic disorder that develops when a baby is in the womb, affecting physical and cognitive development.
- **Dyscalculia**
A difficulty in using and understanding numbers and calculation.
- **Dysgraphia**
A difficulty with writing that may also affect the ability to find and spell words correctly.
- **Dyslexia**
A difficulty in learning to read, write and spell, despite progress in other areas.
- **Dyspraxia**
Difficulty with fine and gross motor skills.
- **Elective Mutism**
A disorder where the affected child can speak fluently in some situations, but remains silent in others.

- **Foetal Alcohol Syndrome Disorder (FASD)**
A condition caused by the mother drinking excessive alcohol during pregnancy, resulting in abnormal brain development.
- **Fragile X Syndrome**
A genetic condition resulting in learning difficulties.
- **Hearing Impairment (HI)**
Difficulties caused by reduced functioning in one or both ears' ability to detect and/or process sounds. Ranges from mild hearing loss to profoundly deaf.
- **Irlen Syndrome**
A specific learning difficulty that affects the way the brain processes visual information. Leads to an inability to read fluently and with ease, sensitivity to light and sensitivity to colour combinations.
- **Moderate Learning Difficulty (MLD)**
A general level of academic attainment significantly below their peers. Includes difficulty in acquiring basic literacy and numeracy skills and speech and language skills.
- **Multi-Sensory Impairment (MSI)**
A combination of visual and hearing impairments.
- **Pragmatic Disorder**
A difficulty in using language appropriate to a given situation.
- **Phonological Impairment**
A difficulty recognising, selecting and using speech sounds in words.
- **Physical Disability**
Disabilities that impact on mobility.
- **Profound and Multiple Learning Difficulties (PMLD)**
Pupil's functioning results in complex learning needs.
- **Receptive Language Difficulty**
A difficulty in understanding other people's use of language.
- **Specific Learning Difficulty (SpLD)**
Includes dyslexia, dyscalculia and dyspraxia.
- **Speech, Language and Communication Needs (SLCN)**
Includes difficulty with both expressive and receptive language.
- **Visual Impairment**
Difficulties based around reduced functioning in one or both eyes' ability to detect and/or process images. Ranges from partial sightedness through to total blindness.

A-Z of SEN Professionals

A-Z of SEN Professionals

Audiologist

An audiologist carries out hearing tests and explains the results of those tests. If your child needs hearing aids they will identify the best type and arrange to get them for you. They also monitor your child's hearing, to make sure that any hearing aids supplied are appropriate.

Clinical Psychologist

A clinical psychologist is a health professional who helps children with specific problems with learning or with overcoming behaviour difficulties.

Community Nurses

Community Nurses are based at a local GP's surgery. They can give advice and training to parents and pre-school groups on administering epipens (for severe allergic reactions) rectal valium (epilepsy) and other medical issues.

Dietician

A dietician is a health professional who gives advice about nutrition and swallowing or feeding difficulties. Occasionally children need nasogastric or gastrostomy feeding to receive the nutrition they need. This means liquid feed is given through a tube that is inserted directly through the abdominal wall or through a narrow tube that is passed through the nose, down the food pipe and into the stomach. Dieticians make a full nutritional assessment and are often responsible for ordering the supplies and equipment and will make sure you have a regular supply of the things you need to feed your child.

Duty Social Worker

A duty social worker is a person who deals with telephone calls and takes details when you ring to make contact with social services.

Educational Psychologist

An Educational Psychologist is a qualified teacher who has additional training as a psychologist. Educational Psychologists help children who find it difficult to learn or to understand or communicate with others. They can assess your child and provide support and advice.

Health Visitors

Health Visitors are responsible for pre-school aged children and all children with disabilities. A few health visitors do pre-school screening or developmental tests. Some will visit early years' settings and discuss individual children with parental permission. They are often an informal point of contact for a parent who has a concern about their child, and can be accessed through your local GP or clinic.

Keyworker/Lead Professional

Keyworkers or lead professionals maintain regular contact with your family and take responsibility for checking you have all the information you need, that services are well coordinated and that information about your child is shared efficiently (with your permission) with everyone who is working with your family.

Learning Disability Nurses

Learning disability nurses are specialist nurses who work with children and adults with a learning disability and with their families. They can help you find services for your child and also support for you as a parent.

Occupational Therapist

An occupational therapist (OT) helps children with difficulties they have in carrying out the activities of everyday life. This could include sitting in a chair, holding a spoon or fork or drinking from a cup. They can also advise on how you, as a parent, can carry your child up and down stairs safely. OTs work for both health and social services and assess children for things like specialist seating and equipment that may be supplied.

Outreach Service

Some early years' centres, special schools and Portage services offer an SEN outreach service to pre-school groups. Individual children can be discussed with their parents' permission. Advice can be given on setting IEPs or in accommodating the child within the group.

Paediatric Neurologist

A paediatric neurologist is a doctor who specialises in how the brain works in very young children.

Paediatrician

A paediatrician is a doctor who specialises in working with babies and children. They are often the first point of contact for families who find out their child has an impairment or disability very early on in hospital. They can offer advice, information and support about any medical condition a child has. It is usually a paediatrician who refers your child to any other specialists they need to see.

Parent Partnership Service

The Parent Partnership Service provide independent advice and support for parents and carers to help them understand special educational needs and the SEN Code of Practice, including the statementing process. They help by providing information and sometimes by coming with you to meetings.

Physiotherapist

A physiotherapist is a health professional specialising in physical and motor development. They will assess your child and develop a plan that might include helping you with head control, sitting, rolling, crawling and walking. They can also advise you on how to handle your child at home for feeding, bathing and dressing and on equipment that might help your child's mobility. A physiotherapist may see your child at home, in a setting such as a nursery or in a child development clinic.

Portage Home Visitor

A Portage Home Visitor is someone who has received training in supporting children with SEN and their families. They come from a wide range of backgrounds including teaching, nursing, early years' education and health therapy services. They will work closely with you and your child to understand and develop your child's skills and will visit you regularly (usually weekly) at home. They will also liaise closely with all of the other people who are involved in your child's care and development.

Social Worker

A social worker is a professional who supports children and families by advising on appropriate services. They are normally employed by the local authority and can provide practical advice about counselling, transport, home helps and other services. They may also be able to help you with claiming benefits or obtaining equipment you need at home.

Specialist Teacher Advisors

There are specialist teacher advisors for the deaf and hearing impairment, visual impairment and physical development. They are specifically trained and qualified in their respective area. They support children, their families and other professionals who are involved in your child's education.

Speech and Language Therapists

A speech and language therapist specialises primarily in language, communication and speech problems and, in some circumstances, may also offer support with feeding problems. They assess, diagnose and develop programmes to help children develop communication skills. This may include verbal (i.e. using speech) or non-verbal skills, using signs, symbols or communication aids. They work closely with families and the settings children attend depending upon the child's needs and circumstances. Often the best way for a speech therapist to work is by assessing the child's needs and developing a programme that is then carried out in the child's setting or home. This allows for more opportunity to practise their skills in a natural and relaxed environment. This programme will be regularly reviewed by the speech and language therapist.