



St Mary's CVA

Whole School Provision Map

Produced by all the staff. February/2026.

[Graduated Response May 2022 \(derbyshire.gov.uk\)](https://www.derbyshire.gov.uk/education-and-learning/inclusion-support-advisory-service/inclusion-support-advisory-service-isas.aspx)

[Early Years Graduated Response April 2023](https://www.derbyshire.gov.uk/education-and-learning/inclusion-support-advisory-service/inclusion-support-advisory-service-isas.aspx)

[Home - Derbyshire Local Offer](https://www.localoffer.derbyshire.gov.uk/education-and-learning/inclusion-support-advisory-service/inclusion-support-advisory-service-isas.aspx)

<https://www.localoffer.derbyshire.gov.uk/education-and-learning/inclusion-support-advisory-service/inclusion-support-advisory-service-isas.aspx>

Communication and Interaction

Universal Provision- Quality First Teaching	SEN support – Targeted support	SEN Support – Specialist support
How do we assess?	How do we assess?	How do we assess?
<p>A child may need:</p> <ul style="list-style-type: none"> • additional time to process and respond to verbal information. • additional prompts to follow instructions or help to join in discussions. • support to acquire new vocabulary. <p>A child may have</p> <ul style="list-style-type: none"> • a limited vocabulary or appear to struggle with more abstract language. • differences in speech patterns or vocabulary. • difficulties pronouncing some sounds. • difficulties with fluency, for example, stuttering. • a voice disorder that affects the sound of the voice or may cause loss of voice. 	<p>A child may need:</p> <ul style="list-style-type: none"> • verbal language to be reinforced by other means of communication, e.g. visuals, gestures, routines. <p>A child may:</p> <ul style="list-style-type: none"> • make slower progress in areas of the curriculum. • show discrepancy between academic progress areas and general ability. • have difficulty in focusing attention, especially during language-based activities. • have difficulties attending to and monitoring conversations/ group discussions. • have difficulty understanding abstract concepts. • have difficulty in retaining information. 	<p>A child may have:</p> <ul style="list-style-type: none"> • significantly slower progress in areas of the curriculum. • language difficulties that impact confidence across the curriculum and in everyday life. • fleeting attention, especially during language-based activities. • anxiety or overwhelm in speech/ group conversations/ discussion. • a limited vocabulary or may not use verbal language to communicate. <p>A child may need:</p> <ul style="list-style-type: none"> • alternate communication systems, for example, signs or symbols. • alternative and augmentative communication systems, for example, signs or symbols, communication aids.

<ul style="list-style-type: none"> • anxiety about speaking in some situations (elective mutism). • Difficulties with social communication. 	<ul style="list-style-type: none"> • experience word finding difficulties. • have difficulties in using and applying skills in language-based activities, for example, using and applying mathematical skills. • have difficulty structuring sentences in speech and in writing. • Have significant immaturities in grammar. • show persistent immaturity in speech sounds. • experience difficulties using and understanding non-literal language. • struggle with peer interactions. • struggle to behave according to the context in learning and social situations. <p>Assessment tools we use- Speech Link, SALT referrals and assessment, referrals to Paediatrics for an ASD assessment.</p>	<p>A child may:</p> <ul style="list-style-type: none"> • avoid interacting with others or be on the periphery of peer interactions. • depend on physical methods of interacting with others, for example leading by the hand. • experience difficulty in managing behaviours as a result of reduced access to the curriculum and social interactions.
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Provision:	Provision:	Provision:
<ul style="list-style-type: none"> - Assessment and observation of the children to inform a suitably adapted curriculum. - Speaking and language activities and opportunities are incorporated into curriculum planning. - Whole school training, particularly in terms of stages of typical language development / speech and language needs. - Clearly taught routines. - Reinforcing and modelling of good listening and attention skills through school behaviour curriculum. - Use of visual timetables to structure the day through, and the use of 'Now and Next' boards or trays . - Basic use of signing/ Makaton in some classrooms. - Visuals to aid to understanding language. - A communication friendly environment – enabling access for all children. 	<ul style="list-style-type: none"> - Children are set SMART IEP targets and communication, and language interventions are carefully targeted to meet these goals. Some evidenced based interventions used: Lego Therapy, Zones of Regulation, Attention Autism, Pre-teaching, Post-teaching, Precision Teaching. - Parents are informed of their child's targets and progress through informal meetings and our Edukey parent platform. - All class teachers and TAs are well informed about the specific needs of each child. - Planning shows adaptations to meet the needs of the individual and reflects advice from any external professional. - Interventions and programmes of learning are planned by the SENCo, and class teachers and relevant teaching staff are trained to deliver them. Skills learned in interventions should be transferred to the whole classroom environment. 	<ul style="list-style-type: none"> - ISAT Targeted and Specialist Support - Regular joint audit of communication environment by the SENCO. - Advice sought from specialists where expected progress is not made, despite good Quality First Teaching and targeted support. - Regular liaison with specialists in relation to specific programmes and targets. - Parent/Carers are invited to attend meetings with specialists, providing an opportunity to share information and to develop a consistent approach. - Access to technologies and specialist equipment, individual quiet distraction free workspaces and storage facilities for specific equipment. - Additional targeted teaching in small groups or individually. - Regular or daily opportunities for overlearning of key concepts. - Access to alternative and augmented communication

<ul style="list-style-type: none"> - Use of gesture, signs and objects of reference. - Using objects, photographs or pictures to show the routine of the setting. - Equipment is labelled with photographs and Widgits. - Widgits used throughout school for key vocabulary and to communicate SEMH needs and language. - Standardised use of symbols and Widgits during whole school worship and singing. - Opportunities for small group and 1:1 activity. - Staff use consistent language for equipment and routines. - Adults model the appropriate speech in different contexts and situations. - Children are prepared for changes in routine such as a change in activity, change in staff or school trips, this can be verbally or through music. - Careful consideration is given to seating arrangements. 	<ul style="list-style-type: none"> - Use of social stories and socially thinking interventions. - Additional transition time. - Enhanced transition between phases. - SENCO monitors the provision and ensures timetabling allows for the required interventions to be implemented consistently. - Increased levels of adaptation to learning and use of reasonable adjustments ensure access to the curriculum and increased independent learning opportunities. Examples of reasonable adjustments and tools: Visual timetables, both generic and personalised, use of verbal bullet points, visual instruction reminders, Widgit checklists, personalised banks of key vocabulary. - Tasks chunked to support understanding and task completion. - Use of equipment such as ICT to sustain learning. - Homework is differentiated. - Opportunities for specific reinforcement of skills such as: 	<p>strategies may be required such as Makaton, electronic aides and communication books.</p> <ul style="list-style-type: none"> - Support for structured input to playground and free time (e.g. adult leading playground games). - Personalised VTs and schedules. - Use of TEACHH strategies. - Visual timer and aids to support transition such as a spot timer or digital timer. - Use of visual information to provide reminders of routines such as toileting and washing hands. - An Intensive Interaction or Attention Autism approach to build early relationship and communication skills. - Augmented communication systems are used such as PECS or Pro-loquo to go on an iPad. - An audit may be completed of the classroom environment. Distraction free, limit visual stimuli, a distraction free work area either in class or outside of the classroom space, access to a time-out space.
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<ul style="list-style-type: none"> - We use a child or young person's name or encouragement to stop before instructions given. - Children are encouraged to answer in full sentences after a stem sentence is provided and to stand, they are given processing time- new school Oracy strategy. - Instructions are carefully given and chunked up to help with cognitive overload- visuals are provided when necessary. - Opportunities are given for all children to use a range of formats to record their work e.g. writing frames, diagrams and labels, story boards and ICT options. - Sometimes children are pre-taught language, vocabulary and concepts. - Children work collaboratively with peers in group activities, providing opportunities for collaborative learning and interactions. - We spend time spent developing an awareness of autism and other neurodevelopmental differences. 	<p>explicitly pre-teaching vocabulary, teaching comprehension and inference, overlearning strategies.</p> <ul style="list-style-type: none"> - Adult support during social times. - Consulting with a Speech and Language Therapist to develop a programme of specific interventions. - Reference to the Derbyshire Approach to Sensory Processing Needs to support an audit of the school environment, to identify the individual sensory needs and to develop a personalised sensory plan. 	<ul style="list-style-type: none"> - A highly flexible and personalised approach to the curriculum appropriate to the child's needs. - Reference to the Derbyshire Approach to Sensory Processing Needs to support an audit of the school environment, to identify the individual sensory needs and to develop a personalised sensory plan.
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<ul style="list-style-type: none">- Children are supported to develop friendships, e.g. special friends in Reception and Y6.- Access support to develop understanding of self and others through PSHE.- We have a whole school approach to teaching emotional understanding and regulation, through our Zones of Regulation program.- Special interests are used as both a dysregulation tool and to inspire learning.- Access to in class regulation zones and resources.		
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Cognition and Learning		
Universal Provision- Quality First Teaching	SEN support – Targeted support	SEN Support – Specialist support
<p>How we assess?</p> <p>A child may:</p> <ul style="list-style-type: none"> • be operating broadly within the expected range of abilities but their development/progress may occur at a slower pace than that of other pupils. • have difficulties in developing early language, literacy and numeracy skills. • have difficulties in the following areas: • Memory • Sequencing • Fine and gross motor skills • Organisational skills • Slow processing and Number/phonological awareness <p>Quality First Teaching will lead to identification of the above and consideration/implementation of reasonable adjustments in the learning environment.</p> <p>Attainment tracked through school progress tracker- Insight</p>	<p>How we assess?</p> <p>Despite QFT/reasonable adjustments, the development/ progress in learning for a child or young person is at a slower rate so additional support is needed from within schools normally available resources (up to £6000).</p> <p>Booster/catch-up interventions identified, costed and tracked on school provision map.</p> <p>Pupil requires targeted support that is additional to and different from their peers to narrow the gap.</p>	<p>How we assess?</p> <p>A child has significant and persistent learning difficulties evidenced in detailed school tracking over time, despite access to appropriate learning opportunities, targeted interventions and a graduated response to support.</p> <p>The child or young person's attainment is consistently at a level significantly below age-related expectations despite targeted interventions.</p> <p>Where progress has been made it has only been as a result of significant additional intervention and support over and above that which is usually provided.</p> <p>There is evidence to suggest that the gap between the child or young person and their peers is increasing despite targeted interventions/graduated response.</p> <p>The child or young person has life-long learning difficulties or disabilities, spanning several areas of development, and</p>

		require more targeted/personalised and specialist intervention.
<p style="text-align: center;">Provision</p> <ul style="list-style-type: none"> - Whole school provision mapping shows a continuity and consistency in learning. - Whole school training is identified regularly on areas of CPD from staff SEND audits. - Termly summative assessment of learning and daily formative assessment identifies appropriate starting points. - Pupil and parent voice is sought through IEPs and parent surveys. - New learning is planned in small steps that follows a clear and developmental process, allowing pupils to over learn and practise new skills learnt. - There is consideration of how pupils are grouped, ensuring this is flexible to maximise learning. - Consistent and constructive marking and feedback is given through feedback and marking policy. 	<p style="text-align: center;">Provision</p> <ul style="list-style-type: none"> - Increased adaptation of learning and resources, including identification of clear starting points, considering gaps that have been identified in areas of learning and how these will be developed. - We use Derbyshire's Formative Footprints Assessment and Pre-Key Stage Standards small steps to support assessment of these children working below National Curriculum Expectations. - We sometimes use Individual diagnostic assessments to determine need such as phonic assessments and arithmetic assessments. - We use of evidence-informed approaches that are specific to develop reading, writing and maths such as pre and post teaching and use of interventions such as Action Words, SNIP spelling and Precision Teaching. 	<p style="text-align: center;">Provision</p> <p>Some pupils access:</p> <ul style="list-style-type: none"> - A highly structured and individualised learning programme planned directly from their attainment using the Formative Footprints and as dictated by EHCP outcomes. - The school seek regular advice from specialist services where expected progress is not made, despite good Quality First Teaching and targeted support. Parents are involved with this process of contacting professionals. - Parent/carers attend meetings regularly with school staff and any specialists involved, providing an opportunity to share information and to develop a consistent and co-productive approach. - ISAS support teacher helps provide Targeted and Specialist Plans to support teachers with adapting the curriculum to meet the needs and

<ul style="list-style-type: none"> - Teachers are aware of appropriate pace, resources required and key questioning to maximise learning within the classroom. - There are opportunities to develop independence through modelling, scaffolding then independent application. - There are opportunities to generalise skills and learning across different curriculum strands or areas. - Teachers use a range of tools to scaffold and support learning (e.g. word banks, number lines, stem sentences, Widgeits, checklists etc). - Concrete – pictorial – abstract materials available and embedded within an adapted curriculum. - Homework/independent tasks are differentiated to present equal level of challenge for all. - Children access online tools to support their learning such as TTRockstars, Timestable.co.uk, Phonic Bugs and Accelerated Reader. - Pupils in KS2 all have access to a Chromebook and are trained to 	<ul style="list-style-type: none"> - Class teachers liaise and plan with school SENCO to agree specific outcomes on IEPs and these are linked to a clear analysis of needs. - There is increased communication with parents and carers to allow for ongoing review of learning and ensure key targets are also worked on at home, targets are shared on our online platform Edukey. - There are opportunities for independent learning, working in small groups or 1:1 to offer more personalised support- there can be small group and/or individual teaching using structured cumulative materials to develop basic skills with opportunities for over learning and revision (post teaching). - There are reasonable adjustments within the classroom to allow for access to the curriculum (e.g. adaptations, where appropriate such as specialist scissors, wobble cushions, pencil grips) - There is an increased use of assistive technology. - We support alternative methods of recording as needed (e.g. role 	<p>fill the attainment gaps of certain pupils.</p>
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<p>use assistive technology tools to scaffold their learning.</p>	<p>play, PowerPoint presentations, mind-maps).</p> <ul style="list-style-type: none"> - Clear and simple instructions are broken down and given one at a time, with thinking time provided and staff checking for understanding- these can be verbal or visual. - A child may access tools such as checklists to support personal organisation in response to timetabling/ managing equipment and independence. - Some children have access to technology to support for homework- they take their Chromebook home. - The SENCO applies for access to special exam arrangements such as extra time, physical breaks, scribes etc. 	
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Social, Emotional and Mental Health		
Universal Provision- Quality First Teaching	SEN support – Targeted support	SEN Support – Specialist support
How do we assess?	How do we assess?	How do we assess?

<p>The child or young person is making progress within the expected range for social and emotional development – they feel that they belong to the school community and have positive relationships with others (both adults and peers).</p> <p>Some children or young people may show signs of social, emotional and mental health difficulties that affect readiness for learning and require slight adjustment to the curriculum or environment.</p> <p>They may:</p> <ul style="list-style-type: none"> • Occasionally remain on the periphery of activities. • Occasionally seem withdrawn or isolated. • Become involved in low level distraction and off task behaviour. • Have difficulties with interpersonal skills, listening skills or verbal communication. • Become easily frustrated - occasionally unpredictable behaviour. 	<p>A child may:</p> <ul style="list-style-type: none"> • Display social, emotional and mental health difficulties that remain persistent following access to differentiated learning opportunities and strategies employed as part of normal school arrangements. • Have low self-esteem in some areas and need support in order to raise confidence and self-belief. • Display behaviours that interfere with own learning and with the learning of others. • Have limited communication as well as having difficulties communicating feelings and be withdrawn or isolated. • Have poor concentration despite appropriate strategies and often appear distracted and off task. • Display connection-seeking behaviour and regularly seek approval from adults and peers. • Have poor organisational skills. • Have difficulties in making and sustaining appropriate relationships with adults and peers. 	<p>Social, emotional and mental health difficulties act as a barrier to learning despite appropriate intervention.</p> <p>A child could consistently show:</p> <ul style="list-style-type: none"> • Difficulty engaging in formal learning. • Low self-esteem which remains fixed/unchanged despite intervention. • Being frequently off task cannot settle to an activity and can only maintain concentration for short periods of time despite intervention. • Engagement in work avoidance tactics, refusal to listen and distracts others. • Demands of attention and seek approval from others. • Reduced participation and contributions within class activities. • lack of trust in adults • Reduced social interaction leading to isolation and disengagement. • Persistent difficulties in making and sustaining appropriate relationships with adults and peers. <p>A child may:</p>
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	<ul style="list-style-type: none"> • be easily influenced by others or in contrast can persuade others to do something against their will. • Have difficulties with sharing and turn taking. • Have poor attendance and/or reluctance to participate. • Have difficulty in accepting responsibility for own actions. • be verbally and physically aggressive towards others requiring intervention to support regulation of response. • engage in behaviours that pose a high risk or harm to themselves or others. • challenge rules and authority and require support in order to conform. 	<ul style="list-style-type: none"> • often be easily influenced by others or, in contrast, can persuade others to do something against their will. • Take actions that result in risk of harm to self or others. • Frequently be verbally and physically aggressive towards others without apparent provocation and is usually resistant to adult attempts to regulate responses. • Regularly engage in behaviours that pose a high risk or harm to themselves or others. • be unable to take responsibility for their actions or to see another's point of view despite intervention. • Regularly challenge rules and authority. • May be known to engage in criminal activity. • Requires multi-agency support.
<p style="text-align: center;">Provision</p> <p>- We have whole school approach to wellbeing through the</p>	<p style="text-align: center;">Provision</p>	<p style="text-align: center;">Provision</p> <p>- We identify a key adult to build a trusting relationship – time is</p>

<p>implantation of our PSHE curriculum, support of Wellbeing Buddies and through our Behaviour Curriculum. We live by our Catholic Social Teaching values and school virtues.</p> <ul style="list-style-type: none"> - There is termly whole staff training on supporting children with Social, Emotional and Mental Health difficulties both delivered by the SENCo, our CAHMs community advisor, our ISAT and COMPASS. - We have a specific whole school approach to teaching emotional understanding and regulation through our Zones of Regulation programme. - We have an Anti-bullying strategy and interventions. - We understand that all children are at different starting points with their SEMH needs. - We always listen to the voice of the child or young person about what they find difficult and how they can be supported and provide reasonable adjustments for many pupils. - We have a positive school ethos and conditions that support 	<ul style="list-style-type: none"> - We have enhanced contact for parents/carers via a contact book or daily conversations with staff. - We have meetings to generate increased opportunities for the children/young people and parents/ carers to discuss learning and agree appropriate provision. - We are starting to use of individual diagnostic assessments such as the AET Framework and Strengths and Difficulties questionnaires to determine need and plan appropriate provision. - We use of evidence-based programmes and targeted interventions such as Zones of Regulation, ELSA and Positive Play. - Some children receive support provided during less structured times – e.g. lunchtime clubs. - We share with parents/carers information on Derbyshire County Council's Local Offer and from professionals such as COMPASS and our CAHMs Community Support Worker. - We carry out Early Help Assessment (EHA), where appropriate. 	<p>planned into timetable to spend with key adult.</p> <ul style="list-style-type: none"> - The child has a personalised timetable with daily support with a key adult focused on the particular needs of the child at that specific time. Social emotional learning and regulation is a key priority on their timetable. - We sometimes modify the social environment to avoid triggers and reduce stress. - We regularly assess the patterns and triggers in behaviour, taking into account environmental factors such as time of day, lesson, staff, peers, room, etc. - We use interventions such as The Hidden Chimp Paradox. - Progress and the effect of interventions is measured over time (e.g. through Boxall Profile, Strengths and Difficulties Questionnaire SDQ, AET) - Some children access alternative workspaces, e.g. nurture base or an individual workstation. - Advice sought from specialists where expected progress is not made.
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<p>positive behaviours for learning and successful relationships.</p> <ul style="list-style-type: none"> - Positive relationships are modelled by adults. - We have a well-planned and delivered Personal, Social, Health Education curriculum based on the Ten Ten Resources. - We have trauma-informed practitioners within the staff team and a two trained ELSAs and two trained Mental Health First Aiders. - We have many extra-curricular opportunities which promote social development. - We create informal opportunities to address SEMH needs – circle time etc. - We have peer support systems through our Special Friends and Wellbeing Buddies. - We have training on systems that support conflict resolution and restorative work such as Emotion Coaching. - We provide an emotionally secure and safe environment. - We have good classroom organisation which provides 	<ul style="list-style-type: none"> - Some parents are signposted to identified programmes such as Beyond Behaviours and NVR. - Pastoral support is provided by all staff; this could include social skills groups such a Lego Therapy or barrier games. - Some children access alternative workspaces, e.g. Nurture base or an individual workstation. - Consideration is given to how sensory needs may be impacting ability to settle to learn using Derbyshire's Sensory Toolkit. - Proactive care plans in place for individual children and Risk Assessments where necessary. - Robust systems are in place for recording and analysing incidents-CPOMS. - Timetabling allows for required interventions to be implemented consistently. - Some children access supported transitions and reasonable adjustment are made to their timetable. - We support the children to recognise their own emotions and those of others through our ZOR 	<ul style="list-style-type: none"> - Specific training is given and advice for staff and parents/carers is given by specialists e.g. ISAT, CAHMS, COMPASS, FSW etc. - Children may have structured input to playground and free time such as 1:1 or small group support. - There is enhanced contact for parents via key adult. - There is a clear analysis of incidents and fixed term exclusion data, this informs targeted support. - Parents may be supported through an EHA. - Individual Support Plans and Risk Assessments are in place. - Pupils may access a Part-Time Timetable. - Parents are support to engage with pupils with EBSNA and the Derbyshire EBSNA Toolkit is referred to. - Pupils are given further support through parents or 1:1 key adults to access out of school events such as trips, sporting activities and residential.
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<p>predictability, consistency of management.</p> <ul style="list-style-type: none"> - Our Behaviour Curriculum provides clear boundaries, rules and routines. These are explicitly taught and rehearsed. - Children are prepared for any changes to timetables – provided in visual format appropriate to age. - Termly Parent Drop-in sessions provide a way to engage parents in understanding the ethos and practices. - Praise and rewards are given for appropriate behaviours. - There are systems to monitor attendance. - We have whole class Zones of Regulation sessions to develop regulation skills. - We use Mental Health Check ins that are followed up by our Wellbeing Buddies to encourage our children to name their emotions then seek tools in our regulation zones to regulate them. 	<p>program, some children use visual aids such a Widgit feelings boards.</p> <ul style="list-style-type: none"> - Some children are taught basic life skills. - Pupils are taught self-regulation techniques and support for implementation through our ZOR programme and sensory zones in each classroom. 	
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Sensory and/or Physical		
Quality First Teaching - All Pupils	SEN support – Targeted support	SEN Support – Specialist support
<p>How we do assess?</p> <p>HI</p> <p>Child may have hearing loss, this may affect one or both ears, may be temporary or permanent and may fluctuate. As a result, they may:</p> <ul style="list-style-type: none"> • use hearing aids or cochlear implants and associated strategies. • have difficulty focusing, listening or concentrating. • mishear information or appear not to listen. • misunderstand social situations. • display some social immaturity and/ or behavioural difficulties. • have poor phonological awareness. • have some difficulty processing or remembering new information, vocabulary or language. <p>have difficulty with speech and communication.</p> <ul style="list-style-type: none"> • fail to pick up on incidental conversations or language. 	<p>How we do assess?</p> <p>HI</p> <p>Difficulties may become apparent in the following:</p> <ul style="list-style-type: none"> • listening at a distance of more than 2 metres. • frustrations or anxieties if there are problems with communicating - this could be unclear speech or mishearing a conversation on a regular basis. • access to audio visual media, online and other sound resources, e.g. for Music/ Modern Foreign Languages. • language-related activities or in understanding new or complex concepts. <ul style="list-style-type: none"> - social situations and in maintaining friendships. • displaying social immaturity and/or behavioural difficulties. • access to information and understanding expected behaviour. 	<p>How we do assess?</p> <p>HI</p> <p>The needs of a very few young people cannot be met by universal or targeted interventions and support approaches alone. In these cases, their hearing difficulties are likely to be long term and will impact significantly on:</p> <ul style="list-style-type: none"> - language and communication development. - Receptive and expressive communication is significantly delayed in structure and content (e.g. grammar and vocabulary). - Some young people will use signed communication, such as British Sign Language (BSL) or Sign Supported English (SSE). - acquisition and development of literacy skills such as decoding in reading, difficulties inferring, low phonological awareness and poor grammatical structure and difficulty with spelling and grammar in writing.

<ul style="list-style-type: none"> • struggle to hear in particular environments. • have some difficulty with access to audio visual, online and other sound resources, e.g. for Music and Modern Foreign Languages. • have to make additional listening effort and experience fatigue and displacement of other cognitive functions as a result. • have some difficulty with educational progress and achievement of expected levels, particularly in language based subjects. • undergo medical and/or surgical interventions. <p style="text-align: center;">VI</p> <p>A severe vision impairment might affect a child or young person's opportunity to:</p> <ul style="list-style-type: none"> • Move about freely. • Learn about the immediate environment. • Learn about the wider environment. • Access learning in and out of school. • Be completely independent. • Be an active member of a peer group. • Develop confidence and self esteem. 	<ul style="list-style-type: none"> • frustrations and anxieties related to understanding or accepting the hearing loss and its implications. • educational progress and achievement of expected levels, particularly in language-based subjects. <p style="text-align: center;">VI</p> <p>Some young people's vision needs cannot be met by universal approaches over a sustained period. Difficulties may become apparent in the following:</p> <ul style="list-style-type: none"> • ability to access the curriculum. • ability to develop self-help strategies. • social and emotional learning and development. <p>They may have:</p> <ul style="list-style-type: none"> • assessed moderate vision loss that cannot be corrected by glasses, or be registered sight impaired by an Ophthalmologist. • vision acuities (assessed by medical eye specialist) between 6/19 and 6/36 85. • near vision which means they cannot access print below point 18. • a diagnosed eye condition. 	<ul style="list-style-type: none"> - ability to communicate effectively in the classroom, or at social times. - ability to follow instructions, in the classroom and beyond. - access to information, resulting in gaps in knowledge and their conceptual framework. - access to audio visual media, online and other sound resources, e.g. for Music/Modern Foreign Languages, to the extent where supporting or alternative resources may have to be sought. - educational progress, achievement of expected levels, particularly in language-based subjects . - ability to form friendships or understand social expectations. - These young people will require a higher level of adult support/ intervention in order to follow classroom routines and learning or will rely on sign language interpretation or visual communication strategies. - They will require a highly personalised approach drawing on additional interventions and support.
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<p>Most young people's vision needs will be met by universal approaches.</p> <ul style="list-style-type: none"> • Some young people may have vision impairments identified by medical practitioners. • Vision impairments take many forms and have widely differing implications for educational provision. • Many young people wear glasses or contact lenses and there will be pupils who might have limited vision in one eye. • A vision impairment is a vision difficulty which cannot be fully corrected with glasses. Certain adaptations may be needed to support access to learning and social opportunities, but this does not in itself represent a special educational need. 	<ul style="list-style-type: none"> • a diagnosis of cerebral vision impairment (CVI). <p style="text-align: center;">PI</p> <p>Some young people's physical and/or medical needs cannot be met by universal approaches over a sustained period. Difficulties may arise from:</p> <ul style="list-style-type: none"> • physical, neurological or other causes, e.g., cerebral palsy. • severe trauma, such as accident or illness. • degenerative conditions such as muscular dystrophy. <p>Their difficulties may show themselves by the following:</p> <ul style="list-style-type: none"> • ability to access buildings, classrooms, equipment and activities. • ability to access the curriculum. • ability to develop self-help strategies. • social and emotional learning and development. • reduced independence in daily living skills. • physical or emotional fatigue. 	<p style="text-align: center;">VI</p> <p>A small number of young people's vision needs cannot be met by universal or targeted interventions and support approaches alone. In these cases, their vision difficulties are likely to be long term or have possible future deterioration. They may have:</p> <ul style="list-style-type: none"> • significantly reduced vision acuity. • significantly reduced near vision requiring print above point 36. • significantly reduced fields of vision. • other diagnosed eye conditions seriously impacting on their ability to access the curriculum. <p>Their vision needs may impact significantly on their:</p> <ul style="list-style-type: none"> • ability to follow classroom instruction. • educational progress, achievement of expected levels. • ability to form friendships or understand social expectations.
<p style="text-align: center;">PI</p> <p>Most young people with a physical and/or medical need will have their needs met by universal approaches.</p> <ul style="list-style-type: none"> • Some young people may have physical and/or medical impairments identified by medical practitioners. • Certain adaptations may be needed to support access to learning and social 		<p>These young people are those who will require a much higher level of adult support/intervention in order to follow classroom routines and learning or are very likely to rely on large print or adapted</p>

<p>opportunities, but this does not in itself represent a special educational need.</p> <ul style="list-style-type: none"> • For some young people, the degree and level of physical and/ or medical impairment may change over time. It is important to maintain close liaison with professionals involved. 		<p>resources and specialist equipment and or low vision aids (LVAs). They will require a very highly personalised approach drawing on additional interventions and support.</p> <p style="text-align: center;">PI</p> <p>A few young people's physical and/or medical needs cannot be met by universal or targeted interventions and support approaches alone.</p> <ul style="list-style-type: none"> • These young people will require a higher level of adult support/intervention in order to follow classroom routines and learning or may have a significant and ongoing need for adapted resources. • They are likely to require a highly personalised approach drawing on additional interventions and support.
<p style="text-align: center;">Provision</p> <p style="text-align: center;">HI</p> <p>We provide:</p> <ul style="list-style-type: none"> - quality whole school listening environment (e.g. strategies to 	<p style="text-align: center;">Provision</p> <p style="text-align: center;">HI</p> <ul style="list-style-type: none"> - Involvement of a Teacher of the Deaf for advice and training. 	<p style="text-align: center;">Provision</p> <p style="text-align: center;">HI</p> <ul style="list-style-type: none"> - We have very regular input from a Teacher of the Deaf- for direct teaching; in- class support, advice and training to school staff,

<p>minimise background noise, seating arranged for best viewing and hearing of teacher and spoken information).</p> <ul style="list-style-type: none"> - adapted curriculum taking into account individual needs. - frequent and sensitive monitoring of a pupil's understanding of concepts or tasks. - use of clear and precise instruction, with repetition and review. - use of appropriate cues to deliver instructions or information. - consideration regarding potential difficulty with recorded materials, audio visual media, online and other sound resources (e.g. whiteboard, MFL, music, film, etc). <p>We celebrate Deaf Awareness week and have some of our pupils share their own experiences.</p> <p style="text-align: center;">VI</p> <ul style="list-style-type: none"> - systems in place to seek information about a young person's vision with their parents- IHCP forms 	<ul style="list-style-type: none"> - Specific targeted interventions for the development of listening, language or communication skills provided by SALT. - We adapt of oral and written language activities and materials taking into consideration the impact of the hearing impairment. - Give access to additional small group or 1:1 teaching. - Give access to a quiet area. - Give additional time for processing information or responding to a question. - Give listening breaks - Cueing a pupil in to who is talking or if there is a change in topic. - We provide visual presentations, e.g. summaries; use of subtitles; provision of own copy of PowerPoint presentation. - Pre-teaching of subject-based concepts/vocabulary. - Use of relevant ICT. - We use listening technology such as radio aids and Soundfield systems. - We support with access and participate in extracurricular 	<p>contribution to any multi-agency involvement; liaison with parents/carers; specialised assessments.</p> <ul style="list-style-type: none"> - -We provide high levels of support on an individual basis for developing: <ol style="list-style-type: none"> 1. listening and attention 2. language 3. communication skills - We provide support and intervention to develop social skills awareness, including deaf awareness. - We give additional pre- and post-teaching support. - We provide use of a laptop. - We seek access arrangements required for exams. - We tailor and adapt homework. - We use listening technology such as radio aids and Soundfield systems. <p style="text-align: center;">VI</p> <p>A few young people sometimes access to the following intervention and support:</p> <ul style="list-style-type: none"> - access to the curriculum which has been adapted to meet their vision needs such as Braille, tactile, enlarged resources.
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<ul style="list-style-type: none"> - Our accessibility policy highlights support for children and young people with vision needs - Sensory environmental audit was completed to ensure a low vision friendly environment. - There is a whole school awareness of the implications of a vision loss for a young person and for appropriate strategies to ensure the inclusion of children with a vision loss. - Risk assessments are in place for educational activities on or off site to include the needs of individual young people within the group. - Processes are in place for transition and information sharing when young people are moving between staff in different classrooms, classes and new schools. - Staff in school follow medical advice on the wearing of glasses or on patching. - Children are encouraged to keep glasses clean. <p style="text-align: center;">PI</p>	<p>activities and the wider school community.</p> <ul style="list-style-type: none"> - We seek access arrangements required for exams. <p style="text-align: center;">VI</p> <p>Some children access:</p> <ul style="list-style-type: none"> - QTVI specific assessments to determine specific need – e.g. low vision aids, ICT or learning strategies. - functional vision assessments conducted in association with medical advice to inform staff on needs. - learning materials presented in an accessible format. - Support from external agencies e.g VI Team. - adaptations to the school environment to enable access and safety. - assessment, advice and programmes from a habilitation specialist. - access to a quiet area. - exam modifications and concessions (time allowed, venue, format). 	<ul style="list-style-type: none"> - additional pre- and post-teaching support. - regular visits from the QTVI, which may include direct teaching of specialist skills. - access to a quiet area for specialist teaching. - additional time to carry out tasks with adult support. - additional support to ensure safe movement around school.. - regular assessments and monitoring of - IT needs. <p>They will require a highly personalised approach drawing on additional interventions and support from skilled TAs with an understanding for the implications of the young person's vision impairment and access needs.</p> <p style="text-align: center;">PI</p> <p>Some pupils access personalised support which can be:</p> <ul style="list-style-type: none"> - Adult support to carry out routine classroom tasks. - Interventions to support forming friendships or understand social expectations.
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<ul style="list-style-type: none"> - We have systems in place to seek advice on physical and/or medical needs concerns so as to identify access needs with parents. - We have an appropriate whole school policies for supporting young people with physical and/or medical needs. - We have an accessibility plan which involves an internal assessment and review of all school environments to ensure they are wheelchair-friendly and accessible to young people with physical and/or medical needs. - We have a whole school awareness of the implications of a physical and/or medical impairment for a young person and for appropriate strategies to ensure the inclusion of young people with a physical and/or medical need. - We have risk assessments and appropriate training (i.e. wheelchair training) in place for educational activities on or off site to include the needs of individual young people within the group. 	<ul style="list-style-type: none"> - extra time/additional support to carry out some classroom/practical tasks e.g. PE. <p style="text-align: center;">PI</p> <p>Some pupils access:</p> <ul style="list-style-type: none"> • support from external agencies e.g. medical professionals and the PI team. • adaptations to the school environment to enable their access and safety around site. - use of alternative augmented communication methods - adaptations to the environment, i.e., providing specialist seating, height adjustable tables, etc. - assessment, advice and programmes from a physiotherapist, Occupational Therapist, moving and handling advisor and specialist teacher. - person-specific moving and handling plan/evacuation plan - exam modifications and concessions (time allowed, venue, format) a. - extra time to carry out some classroom tasks. 	<ul style="list-style-type: none"> - use of adapted and specialist resources. - A heavily adapted curriculum and/or timetable to meet their physical and/or medical needs. - Support to access out of school activities, including day trips, residential and transport arrangements to ensure full access to these activities. - building adaptations to the site, i.e., accessible toilet, decluttering of walkways - support with medication needs. - Support with feeding needs. - intimate care. - regular visits from specialist Teachers to provide additional advice - access to a quiet area for specialist teaching and for the young person to take rest breaks - additional time to carry out tasks with adult support, on a frequent basis. - additional support from trained staff to ensure safe movement around school. - leaving lessons earlier to avoid crowded corridors.
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- We promote the use of ICT to encourage independence.

All our children have access to sensory zones in each classroom to support sensory regulation.

Resources include:

- Blackout tents
- Weighted blankets
- Fidget toys
- Resources books
- Sensory lights
- Wobble cushions
- Slopped boards
- Ear defenders

- alternative or differentiated and inclusive PE activities to ensure the safe inclusion of the young person.