



Sheffield Special Educational Needs & Disability (SEND) Support Grid

Early Years Sheffield Support Grid Exemplification



Introduction

The Sheffield Support Grid Exemplification document has been designed to support the identification of needs and provision for children with Special Educational Needs and Disabilities within Sheffield's Early Year's sector, up to and including Foundation Stage 2 (Reception).

The Early Years Sheffield Support Grid Exemplification (EYSSGe) document builds on the previously used Early Years Sheffield Support Grid (SSG), using co-production across partner agencies and services - including Local Authority, Health and Care agencies, schools and Early Years practitioners throughout Sheffield's Early Years sector - to provide an up to date and informed guidance document and toolkit for practitioners, families and their children.

The guidance provides background to the EYSSGe's inception, how it supports Early Years practitioners to meet the requirements of the SEND Code of Practice (2015), support and guidance on its intended use, elements of good practice to be noted when levelling a child against the various areas of need and the types of provision available to meet these needs.

The Early Years Sheffield Support Grid Exemplification Grid meets requirements of the Law and SEND. Tribunal judgements have stated in previous tribunals that it is not illegal, and is indeed appropriate, for Local Areas to have a consistent model that demonstrates identification and assessment of need so long as individual provision is then specified and quantified. To this end the Local Area has developed the EYSSGe to support schools, Private Voluntary and Independent settings, Early Years practitioners and parents in identifying need and provision correctly for children with Special Educational Needs in the city's Early Years providers.

Previously, Early Years settings and Schools have used earlier versions of the grid to begin identifying the level of need an individual child has in certain areas of the SEN Code of Practice (2015). The EYSSGe has been developed and exemplified in order to further support this levelling of need and allow settings to ensure appropriate provision is put in place to meet those needs in a holistic fashion.

1. What is the Sheffield Support Grid Exemplification document?

The Early Years Sheffield Support Grid Exemplification (EYSSGe) document has been developed from the previously used Sheffield Support Grid (SSG).

It can be found here: <https://www.learnsheffield.co.uk/Partners/inclusion-task-force/>

The EYSSG Exemplification document is divided into 4 main areas of need, mirroring those set out in the Special Educational Needs Code of Practice (April 2015); these being ‘Communication and Interaction’, ‘Cognition and Learning’, ‘Social Emotional Mental Health’ and ‘Sensory and Physical’ Needs. Each of these areas of need is then broken down into smaller subsections which form the different parts of the grid, see table below for details on these subsections.

Table 1 – Early Years Sheffield Support Grid Exemplification document sub-sections and how they relate to Special Educational Needs as set out in the SEND Code of Practice (2015)

1. Communication and Interaction	A. Speech and Language
	B. Social Communication (and including those with a diagnosis of Autism)
2. Cognition and Learning	Development & Learning
3. Social Emotional Mental Health	Emotional Regulation & Mental Health
4. Sensory* and Physical	A. Visual Impairment
	B. Hearing Impairment
	C. Physical
	D. Medical

*Please note that in this case the SEN Code of Practice refers to the loss of sight or hearing as a ‘Sensory’ need. Sensory difficulties relating to a child’s proprioceptive and/or vestibular system, better known as Sensory Processing Difficulties, are referenced within areas 1B and 3A of the Early Years Sheffield Support Grid Exemplification (see table above for descriptors of these sections).

2. What is the function of the Early Years Sheffield Support Grid Exemplification document?

The Sheffield Support Grid Exemplification is intended to be used as a guide for Early Years provisions (Maintained, Private, Voluntary and Independent), practitioners, schools, parents and other agencies to support a graduated approach to identifying children’s Special Educational Needs and providing guidance and support to meet them.

To support the utilisation of a graduated approach to meeting a child’s needs each subsection is broken down into 5 levels (1-5). Within each of these levels the EYSSGe covers the following sections:

1. The identified needs of the child, including descriptors or behaviours which are being seen and/or reported
2. The profiling, review and assessment tools that may be being used, or could be used, to further understand and profile the child's needs and measure progress towards planned outcomes
3. Types and examples of provision that would be expected to be in place to meet the described needs
4. Agencies, professionals and pathways where further advice or support may be gained

3. How is a child levelled on the Early Years Sheffield Support Grid Exemplification document?

Any child can be placed / levelled on the EYSSGe regardless of their SEN Status. However, there is an expectation that where a child's needs and provision are described at a minimum of Level 2 and above they would normally be recognised through inclusion on the setting's 'SEN Support' Register (K code on setting's information system, E code for those children with EHC plans). As per the SEND Code of Practice (2015), settings must seek parent/carer permission to enter a child's details on to the settings SEN Register.

The EYSSG Exemplification has been designed to support settings responses to identifying and meeting child needs through a graduated SEND approach. Within this graduated approach the document makes reference to types of support, possible observed behaviours and further steps that can be utilised; for example as a child's needs become more complex the EYSSGe suggests the use of the Sheffield 'My Plan' to draw together important information about the child as well as more personalised forms of assessment and intervention.

Settings and other agencies should use the grid as a guide to identify children's needs and the provision required to meet them. Settings should always refer to the Law around duties to recognise and meet a child's Special Educational Needs as set out in the SEND Code of Practice (2015) and the Children and Families Act (2014).

As the EYSSGe is guidance, an individual child's level / position on the grid alone does not automatically ensure or preclude a level/category of SEND support and does not affect the child's or family's / carer's rights to request statutory assessment of Education, Health and Care Needs.

A child is normally placed on the EYSSG Exemplification by the setting's SENCo or key adult. During the levelling process they may take advice from Outside Agency practitioners who know or are actively involved with the child, or from their reports, whilst also discussing the child's needs with the parent(s)/carer(s) through planned SEN reviews and meetings. Advisory services will also be using the EYSSGe to identify a child's level of need to support settings in planning and meeting needs.

4. Which area of the Early Years Sheffield Support Grid Exemplification should be used for a child?

A child with Special Educational Needs will generally have a primary area of need and provision, in most cases this section of the grid is where a setting will begin plotting the child's needs. For example, if a child has difficulty retaining or learning new concepts the setting may utilise the Cognition and Learning element of the EYSSGe. However, it is good practice to recognise that a child's needs can span more than one section of the EYSSGe – a child's needs may span a number of areas of the SEND Code of Practice (2015), be co-

occurring and impact on each other. For example, if a child is recognised as having difficulties with regards to their regulation of emotions the setting should take appropriate steps to investigate any underlying developmental, learning and/or communication needs which may be the cause of the emotional regulation difficulties, contributory factors towards the difficulty or the cause of other resultant needs. Needs should not be considered in isolation to the rest of the child's developmental profile.

A child does not need a medical diagnosis of need to be placed on the grid; placement and levelling on the grid is led by the team around the child utilising observed behaviours and an in-depth knowledge of the child's developmental profile. Where a diagnosis is in place this may aid the placement and levelling of a child in particular areas of need but it should not become the only focus, the child's profile will still be considered across all areas of the SEND Code of Practice (2015). Settings should therefore ensure that identified needs, described behaviours and levels of provided provision are plotted against each appropriate grid section. Where a child presents with areas of need or has a diagnosed need, the impact of these needs should be considered against other areas of the grid to ensure that possible underlying needs are identified and appropriate provision put in place.

The EYSSG Exemplification Document levels (1-5) build on each other. There is an expectation that a child plotted at a specified level will have access to the levels of assessment/review, provision and other professional support as set out in the levels below their given level.

5. What are Early Years Sheffield Support Grid Exemplification pen-portraits?

Each sub-section of the EYSSGe document provides detailed information about what behaviours may be observed and the types of assessment, tools, provision and agencies that could be appropriate to meet the needs observed. The EYSSGe document starts at Level 1 for each subsection and builds with regards to the severity of need and level of provision, the uppermost level being Level 5.

It is important to note that the EYSSGe document has been created through a graduated response to meeting a child's needs, i.e. a child accessing Level 2 provision will also be accessing provision at Level 1.

To aid setting staff, parents and other practitioners each sub-section begins with a short pen-portrait for each level (1-5). The pen-portrait is intended to briefly preview each level to enable the reader to quickly ascertain whether or not they are accessing the EYSSGe document at an appropriate level for the child in question. The pen-portraits are tailored to each sub-section and are based on the following framework guidance.

Table 2. Early Years Sheffield Support Grid Exemplification level framework guide

Level 1	The child's needs can be met through what is regarded as Quality First Practice, i.e. a level of provision that can be reasonably expected in a room / teaching environment.
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Level 2	The child has identified needs that may be recognised through the child's inclusion on the setting's SEN Register. Their needs are met in the room with access to some out of room intervention (1:1 or small group, Wave 2 intervention) to help them close the gap with peers in particular areas of their development.
Level 3	The child will likely have identified needs which impact on their access to parts of the curriculum. The child is identified on the settings SEN Support Register. Children with complex or overlapping needs may have a My Plan at this level. The child is able to access the setting's curriculum offer but requires a significant amount of intervention, within and outside of the classroom, specific to their needs (Wave 2 and 3 – planned small group and individual focus support) which will be led by adults in the setting and Outside Agency practitioners.
Level 4	The child has more complex or severe needs, potentially spanning a number of areas of the grid, which impact on their ability to access the setting's curriculum offer. They access a highly differentiated timetable designed to meet their personal needs and structure their learning, using advice from Outside Agency practitioners. The level of need, and therefore provision required, indicates that in most cases whilst access to whole room based learning opportunities may be limited, a mainstream education which utilises a highly personalised approach to whole child development will remain appropriate.
Level 5*	The child's needs are significant and severe and greatly impair their ability to access a mainstream setting or curriculum. In most cases a Level 5 child's exceptional level of need will require bespoke provision and input. This will include ongoing and completely bespoke support, in order to meet highly personalised learning, and personal life-long development, outcomes which are set by the family, setting staff and Outside Agency practitioners.

*Children placed at Level 5 on the grid are recognised as having exceptional levels of need. Where a child is placed at Level 5 need or provision, in any area of the Early Years Sheffield Support Grid Exemplification document, it is expected that this level will be allocated alongside moderation agreement from Local Authority representation (e.g. Locality SEND Manager, NHS Health services and/or Educational Psychology Service) – in conjunction with agreement from other professional outside agencies, parents/carers and setting staff.

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3. Social Emotional Mental Health	Emotional Regulation & Mental Health	1	50
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4. Sensory* and Physical	A. Visual Impairment	1	62
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	B. Hearing Impairment	1	73
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D. Medical	N/A	N/A	

1A Communication and Interaction - Speech and Language

Universal descriptor Level 1	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
<p>The child shows low level frequency speech, language and communication difficulties which may interrupt learning in some situations. The child's needs are met within their room through quality first provision.</p>			
<p><u>Impairment</u> Language following normal patterns of development</p> <p>Mild language difficulties: May have some mild problems in either, or both, understanding and expression.</p> <p>ESCAL Tracker indicates child is at least 6 months behind in one or more area of language understanding or expression</p> <p><i>In addition, one or more of the following also applies:</i></p> <p><u>Activity</u> Some difficulty communicating verbally with unfamiliar people or in unfamiliar contexts</p> <p><u>Participation</u> Occasional difficulties in participating in unfamiliar</p>	<p>Observation</p> <p>Data tracking, e.g. FS2 baseline assessment, Development Matters, Birth to Five Matters</p> <p>2 year check</p> <p>On entry assessments</p> <p>Child Progress meetings</p> <p>Child's voice</p> <p>Parent/carer voice</p> <p>One Page Profile/Learner Profile</p> <p>ESCAL tracker / language screen or similar</p>	<p>Adjustments to Teaching Methods: Adults should consider and implement as appropriate</p> <ul style="list-style-type: none"> • Noise levels are conducive to learning and unnecessary noise is minimised • Visual support (signs, symbols, photographs, written word) is consistently used to label rooms/ support routines/ timetable daily activities, so children know what to expect and when • Adults adapt their language levels to the level of the child by: <ul style="list-style-type: none"> ▪ Using simplified grammar and vocabulary ▪ Breaking down instructions into smaller steps ▪ Slowing down their rate of language ▪ Reducing questions ▪ Making comments relating to what the child is doing • Adults use language strategies to enhance child's expressive language development by <ul style="list-style-type: none"> ▪ Extending child's utterances ▪ Modifying child's language (repeating back child's utterances with correct grammar/ vocabulary) ▪ Using sentence starters to encourage verbal expression ▪ Giving the child time, repeating back and interpreting the child's utterances 	<p>Additional advice and support is available from:</p> <p>SENCo</p> <p>Nursery Teacher</p> <p>Foundation leader</p> <p>Specialist Training from SALT:</p> <p>Nursery Natter - therapist led training to support nurseries to create communication friendly settings</p> <p>Stories for Talking – supporting early language development through stories</p>

<p>educational and social activities compared to age related peers. Needs encouragement to achieve potential</p> <p><u>Wellbeing</u> Occasionally displays mild: distress/ upset/ concern/ frustration/ anger/ distress/ embarrassment/withdrawal beyond that expected for age</p>		<ul style="list-style-type: none"> ▪ Giving choices (verbally, using objects/ photos/pictures) • Opportunities are built in throughout the day for children to communicate verbally. • Increased differentiation of activities and materials by presentation, outcome, timing, scaffolding and additional resources • Differentiated questioning and targeted simplified level/pace/amount of adult talk • Use of visual, auditory and kinaesthetic approaches • Small steps approaches • Environmental considerations are made to meet the needs of all children e.g. seating position, noise, personal space and baseroom layouts, displays and signage <p>Grouping:</p> <ul style="list-style-type: none"> • The teacher /room lead/SENCO is accountable for the progress of the children within the base. Tasks should be differentiated as required • The child accesses group teaching with some assistant support • All children have access and are supported by the early years' teacher / room leader, and any assistants over the week <p>Resources:</p> <ul style="list-style-type: none"> • Visual support (signs, symbols, photographs, written word, objects of reference) is consistently used to label the room / support routines/ timetable daily activities 	<p>Language Enrichment Activity Program (LEAP)</p> <p>Specialist training from Early Years Quality Improvement Team:</p> <p>Play & Stay training</p> <p>Speak up for Sheffield Schools</p> <p>Health Visitor</p>
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Targeted descriptor Level 2	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
<p>The child shows low level frequency speech, language and communication difficulties which interrupts learning in some situations. The child’s needs are met though their mainstream base through the use of quality first provision and the use of positive, personalised targeted strategies through room led intervention.</p>			
<p><u>Impairment</u> Mild to moderate language difficulties: moderate problems in either, or both, understanding and expression.</p> <p>ESCAL Tracker indicates child is at least 12 months behind in one or more areas of language understanding or expression</p> <p><i>In addition, one or more of the following also applies:</i></p> <p><u>Activity</u> Some difficulty communicating verbally Needs some cues and adult assistance or extra time when conveying information beyond basic needs</p> <p><u>Participation</u></p>	<p>Observation</p> <p>Data tracking</p> <p>Teacher assessments</p> <p>Child Progress meetings</p> <p>Child’s voice (or someone who knows the child well)</p> <p>Parent/Carer voice may include a structured conversation</p> <p>One Page Profile/Learner Profile</p> <p>ESCAL tracker</p> <p>Assess, Plan, Do, Review through a monitoring system (e.g. planned outcomes) may be in place to assess child’s need, identify</p>	<p>As level 1 whilst also including –</p> <p>Adjustments to Teaching Methods: Staff should consider and implement as appropriate</p> <ul style="list-style-type: none"> • Pre learning of vocabulary combined with visuals to support this learning and enable child to engage in group activities • Consideration of time needed to process language <p>Grouping:</p> <ul style="list-style-type: none"> • Child accesses appropriate wave 2 language intervention e.g. LEAP, Stories for Talking , or appropriate small groups • Teacher/ room lead is aware of the learning taking place in the intervention group and this feeds back into their planning e.g. language is supported back in whole group time <p>Resources:</p> <ul style="list-style-type: none"> • Pre and post learning is used to enable the child to engage with learning in the setting. • Visual support (objects, signs, symbols, photographs, written word, objects of reference) to support understanding of curriculum specific language. Copies sent home. • Adult support for learning as required. 	<p>Additional advice and support is available from:</p> <p>SENCo</p> <p>Nursery Teacher</p> <p>Foundation leader</p> <p>Speech and Language advisory line (0114) 3053956 (first Friday of every month 1.30pm – 4pm)</p> <p>An Introduction to Speech, Language and Communication (free e-learning course via The Communication Trust): https://www.thecomunicationtrust.org.uk/projects/professional-</p>

<p>Occasional difficulties in participating in unfamiliar educational and social activities compared to age related peers. Needs support to achieve potential</p> <p><u>Wellbeing</u> May display mild distress/ upset/ concern/ frustration/ anger/ embarrassment/withdrawal beyond that expected for age</p> <p>Occasionally needs more external support to assist emotional control than age related peers</p>	<p>outcomes, implement support and monitor and evaluate progress</p> <p>ESCAL language screen</p> <p>LEAP screening tool</p> <p>Other room led assessments that identify areas of need/focus and track progress, e.g. Early Years framework, IT Kit</p>	<ul style="list-style-type: none"> Working with parents/carers regarding support at home to reflect practice/support being used in the room 	<p><u>development/online-short-course/</u></p> <p>Communication Trust resources:https://www.thecommunicationtrust.org.uk/resources/resources/resources-for-teachers/</p> <p>Specialist Training available to buy in from SALT:</p> <p>Nursery Natter</p> <p>Stories for Talking</p> <p>LEAP</p> <p>Early Years QI Team offer:</p> <p>Speak Up & Talking Toddlers (18 – 28 months)</p> <p>Health Visitor & Integrated 2 Year Review</p>
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Bespoke descriptor Level 3	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
<p>The child shows moderate to severe difficulties with expressive and/or receptive language that affects access to the curriculum. The child's needs are met using a combination of approaches (including small group interventions and 1:1 individualised support in and out of the base) following support and advice from other professionals as appropriate.</p>			
<p><u>Impairment (to be identified by SALT)</u> Moderate to severe language difficulties: Moderate/Severe problems in either, or both, understanding and expression</p> <p>Speech and Language Therapy assessments indicate skills below 5th centile if able to access formal assessment. ESCAL Tracker indicates child is 18 months behind in all areas</p> <p><i>In addition, one or more of the following (identified by teaching staff/parents) also applies:</i> Activity Frequent difficulty communicating verbally beyond basic needs. Frequently relies on a trained listener or family</p>	<p>Observation</p> <p>Data tracking</p> <p>Teacher assessments</p> <p>Child Progress meetings</p> <p>Child's voice</p> <p>Parent/Carer voice may include a structured conversation</p> <p>One Page Profile/Learner Profile</p> <p>ESCAL tracker</p> <p>Assess, Plan, Do, Review through a monitoring system should be in place to assess child's need, identify planned outcomes, implement support and monitor and evaluate progress.</p>	<p>As level 1 and 2 whilst also including -</p> <p>Adjustments to Teaching Methods: Staff should consider and implement as appropriate</p> <ul style="list-style-type: none"> Teaching staff should have knowledge of the child's language profile and impact on learning, behaviour and social interaction The Early Years teacher / room lead is accountable for the progress of the child's learning within the setting. Tasks should be modified as required Enhanced use of visual support for language and learning e.g. Makaton, Cued Articulation, communication/vocabulary mats, visual timetables, objects of reference <p>Grouping: The child will access a variety of support over the week:</p> <ul style="list-style-type: none"> whole group teaching, incorporating universal, whole room/wave 1 strategies. small group support, including access to targeted, additional group/wave 2 language interventions where appropriate individualised 1:1 support working on personalised targets as advised by the Speech and Language Therapy team. Where specific language targets have been set, 1:1 time may be allocated for 20 minutes, 2 to 3 times weekly 	<p>Additional advice and support is available from:</p> <p>SENCo</p> <p>Nursery Teacher</p> <p>Foundation leader</p> <p>Speech and Language Therapy</p> <p>0-5 SEND Team</p> <p>An Introduction to Speech, Language and Communication (free e-learning course via The Communication Trust): https://www.thecomunicationtrust.org.uk/projects/professional-development/online-short-course/</p>

<p>members for expressing themselves out of context.</p> <p><u>Participation</u> Frequent difficulties participating in social activities in unfamiliar contexts or with unfamiliar people compared to age related peers. Frequent difficulties participating independently in unfamiliar educational activities</p> <p><u>Wellbeing</u> Occasionally shows moderate Distress/ upset/ concern/ frustration/ anger/ distress/embarrassment/ withdrawal beyond that expected for age</p> <p>Emotional encouragement and support required in excess of that required by age related peers</p>	<p>A My Plan may be in place to draw together information, advice, aspirations and planned outcomes</p> <p>ESCAL language screen</p> <p>LEAP screening tool</p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> <p>Speech and Language Therapy Assessments</p>	<p>Resources:</p> <ul style="list-style-type: none"> • Access to Speech and Language Therapy to monitor progress, set appropriate targets, and offer guidance to teaching staff • An appropriate level of adult support to work towards specific targets • Adult support in the room to transfer and generalise language skills learnt in 1:1 environment • Strategies and resources to develop independence. • Identification of any specific training needs for staff 	<p>Communication Trust resources:https://www.thecommunicationtrust.org.uk/resources/resources-for-teachers/</p> <p>Specialist Training available to buy in from SALT:</p> <p>Nursery Natter</p> <p>Stories for Talking</p> <p>LEAP</p> <p>Bases / settings can buy in additional bespoke training from Speech and Language Therapy e.g. DLD modules and other bespoke modules as required</p>
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Bespoke descriptor Level 4	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
<p>The child shows severe difficulties with expressive and/or receptive language that affects access to the curriculum. The child’s needs are met by working on an individual, bespoke curriculum and so has a highly personalised timetable that includes time spent away from the mainstream base. The child is able to access the base for limited periods where they are able to experience success supported by a member of staff. Planned opportunities are provided for the child to be included with peers where the child is able to experience success.</p>			
<p><u>Impairment (to be identified by SALT)</u> Severe language difficulties: Severe difficulties usually involving both understanding and expression, although one area may be more profoundly affected.</p> <p>Child is unable to engage with assessment materials, requiring assessment to be through observation only.</p> <p><i>In addition, one or more of the following (identified by teaching staff/parents) also applies:</i></p> <p><u>Activity</u></p>	<p>Observation</p> <p>Data tracking</p> <p>Teacher assessments</p> <p>Child Progress meetings</p> <p>Child’s voice</p> <p>Parent/Carer voice may include a structured conversation</p> <p>One Page Profile/Learner Profile</p> <p>ESCAL tracker</p> <p>Parent/Carer voice may include a structured conversation</p> <p>Assess, Plan, Do, Review through a monitoring system should be in</p>	<p>As level 1, 2 and 3 whilst also including -</p> <p>Adjustments to Teaching Methods: Staff should consider and implement as appropriate:</p> <ul style="list-style-type: none"> • Adapted or bespoke curriculum • Teaching of independent life skills • Focus on functional communication skills where appropriate • Emphasis on language, communication and interaction are the focus of an adapted curriculum and are integrated into all learning and social opportunities • Extensive use of individual visual support in all areas of the curriculum e.g. makaton, timetables, vocabulary mats, workstations, resources and rewards to enhance learning and develop independence • Likely to benefit from a total communication approach where all verbal communication used by staff is supported visually using gesture, makaton, modelling, objects of reference, photos and/or symbols • Teaching delivered at a simple level and slower pace, with frequent repetition and over learning 	<p>Additional advice and support is available from:</p> <p>SENCo</p> <p>Nursery Teacher</p> <p>Foundation leader</p> <p>Speech and Language Therapy</p> <p>Possible referral to UCAN Centre</p> <p>0-5 SEND Team</p> <p>Educational Psychology Service</p> <p>Locality Panel/SENCo</p> <p>An Introduction to Speech, Language</p>

<p>Constant difficulty communicating verbally beyond their basic needs.</p> <p>Occasional difficulties communicating their basic needs.</p> <p>Frequently relies on a trained listener or family members for expressing themselves in any context.</p> <p><u>Participation</u> Frequent difficulties participating in social activities compared to age related peers, even with familiar people and contexts. Frequent difficulties participating independently in educational activities.</p> <p><u>Wellbeing</u> Frequently displays moderate distress / upset / concern / frustration / anger / embarrassment / withdrawal beyond that expected for age</p> <p>Emotional encouragement and</p>	<p>place to assess child's need, identify outcomes, implement support and monitor and evaluate progress</p> <p>A My Plan is likely to be in place to draw together information, advice, aspirations and planned outcomes/support</p> <p>An EHCP may be in place</p> <p>ESCAL language screen</p> <p>LEAP screening tool and other Wave 2 assessments alongside other assessments suggested by advisory services</p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> <p>Speech and Language Therapy Assessments</p>	<ul style="list-style-type: none"> • Curriculum delivered through structured practical experiential learning opportunities • Pre teaching and over learning of vocabulary • Alternative communication systems to support expressive communication (low or high tech). This may include object based systems, photos, text or symbols • Provision to meet additional sensory and / or motor needs as appropriate • Emphasis on social communication and social skills development (with specialist advice) • Support in unstructured learning environments and break / lunchtimes • Daily access to staff who are skilled in supporting emotional regulation through the use of visual support, Augmentative and Alternative Communication (AAC), resources and motivators • A structured approach to emotional support from others is required <p>Grouping:</p> <ul style="list-style-type: none"> • An alternative curriculum may be appropriate (due to difficulties with either language and/ or communication, social skills, and sensory needs) delivered in an adapted educational setting as recommended by appropriate specialist services • The child accesses small group and/or individualised support, to work on targets as advised by Speech and Language Therapy • Access to regular support to develop social skills and support emotional regulation • Planned time for small group and individual working with some light touch adult support, to support independent learning • Planned time for small group and individual working with intensive adult support, to work on 	<p>and Communication (free e-learning course via The Communication Trust): https://www.thecomunicationtrust.org.uk/projects/professional-development/online-short-course/</p> <p>Specialist Training available to buy in from SALT:</p> <p>Nursery Natter</p> <p>Stories for Talking</p> <p>LEAP</p> <p>Bespoke training available through consultation with SALT to deliver specific intervention</p>
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<p>support required in excess of that required by age related peers</p>		<p>curriculum and additional language / communication skills eg. vocabulary, comprehension, or tailored AAC (and possibly speech – see speech / phonology grid) guided by external professionals e.g. Speech and Language Therapists</p> <ul style="list-style-type: none"> • Access to daily group and individual support to extend social skills, social interaction and social use of language <p>Resources:</p> <ul style="list-style-type: none"> • Additional adults support the child individually under the direction of the teacher to: • Work on highly modified, personal tasks that are planned to support skills and knowledge relating to specific needs (additional time needed to prepare resources including visual support to enhance access to learning) • Embed language learning and generalise new skills into functional and curriculum activities • Access for teaching staff to appropriate resources, guidance and support from specialist staff/advisory teams, in order to carry out specific interventions 	
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Bespoke descriptor Level 5	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
<p>The child shows profound difficulties with expressive and/or receptive language that affects access to the curriculum. The child's needs are met by working on a completely individual, bespoke curriculum and so they have a highly personalised timetable that necessitates 1:1 support to work towards specific, Outside Agency teacher set targets. The child is able to access the base for limited periods where they are able to experience success supported by a member of staff. Planned opportunities are provided for the child to be included with peers where the child is able to experience success.</p>			
<p><u>Impairment (identified by SALT)</u> Profound language difficulties: Profound problems are evident in both understanding and expressive language, although one area may be more profoundly affected.</p> <p>Child is unable to use or respond to verbal language.</p> <p><i>In addition, one or more of the following (identified by teaching staff/parents) also applies:</i> <u>Activity</u> Minimal functional communication limited to expressing basic needs, usually</p>	<p>Observation</p> <p>Data tracking</p> <p>Teacher assessments</p> <p>Child Progress meetings</p> <p>Child's voice</p> <p>Parent/Carer voice may include a structured conversation</p> <p>One Page Profile/Learner Profile</p> <p>ESCAL tracker</p> <p>Assess, Plan, Do, Review through a monitoring system</p>	<p>In most cases there will be evidence of a graduated approach from level 3 to level 5* showing that ALL avenues of adjustment to provision have been considered. This would include accessing the Locality High Needs SEND Funding (FS2)/DAF/DLA/Early Years Grant and Local Offer.</p> <p>*not including new starters to nursery setting or rapid escalation in presentation</p> <p>There is agreement between professionals (eg. Educational Psychology Service, Locality SENCO, Local Authority SEND Manager etc.) that the child's needs and provision in place constitute a Level 5.</p> <p>Adjustments to Teaching Methods:</p> <p>Staff should consider and implement as appropriate</p> <ul style="list-style-type: none"> • Adapted and bespoke curriculum • Teaching of independent life skills • Focus on functional communication skills and early communication skills where appropriate i.e. attention and listening, turn taking, etc. • Emphasis on communication, language and interaction being the focus of an adapted curriculum and integrated into all learning and social opportunities 	<p>Additional advice and support is available from:</p> <p>SENCo</p> <p>Nursery Teacher</p> <p>Foundation leader</p> <p>Speech and Language Therapy</p> <p>0-5 SEND Team</p> <p>Educational Psychology</p> <p>An Introduction to Speech, Language and Communication (free e-learning</p>

<p>requiring tailored use of AAC. Constant dependence on trained / familiar communication partner.</p> <p><u>Participation</u> Profound difficulties participating in educational and social activities compared to age related peers.</p> <p><u>Wellbeing</u> Frequently displays high distress/ upset/ concern/ frustration/ anger/ embarrassment/ withdrawal beyond that expected for age Unable to express or control emotions appropriately.</p> <p>Difficulties responding to external support to control emotions. A tailored and structured approach to emotional support is required.</p>	<p>should be in place to assess child's need, identify outcomes, implement support and monitor and evaluate progress</p> <p>A My Plan is likely in place/an EHCP may be in place to draw together information, advice, aspirations and planned outcomes</p> <p>ESCAL language screen</p> <p>LEAP screening tool</p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> <p>Speech and Language Therapy Assessments</p> <p>'Closing the gap' document</p>	<ul style="list-style-type: none"> • Extensive use of multisensory support to access learning e.g. objects of reference, tactile cues, auditory cues, olfactory cues and visual cues • All verbal communication used by staff, to be supported visually using gesture, sign, modelling, objects, photos and/or symbols. • Teaching delivered at a simple level and slower pace, with frequent repetition and over learning • Curriculum delivered through structured practical experiential learning opportunities • Pre teaching and over learning of vocabulary • Requires a Total Communication approach which values any effective means of communication e.g. facial expression, body language, eye pointing, sign, pointing, objects, gesture, photos, etc. • Alternative communication systems to support expressive communication (low or high tech). This may include object based systems, photos or symbols. This may include alternative methods to participate in education or social tasks i.e. switches, eye gaze, etc • Provision to meet additional sensory and / or motor needs as appropriate • Emphasis on social communication and social skills development (with specialist advice) • Support in unstructured learning environments and break / lunchtimes • Daily access to staff who are skilled in supporting emotional regulation through the use of visual support, Augmentative and Alternate Communication (AAC), resources and motivators <p>Grouping:</p> <ul style="list-style-type: none"> • An alternative curriculum is appropriate (due to difficulties with either language and/ or communication, social skills, and sensory needs) delivered in an adapted educational setting as recommended by appropriate specialist services 	<p>course via The Communication Trust): https://www.thecommunicationtrust.org.uk/projects/professional-development/online-short-course/</p> <p>Specialist Training available to buy in from SALT:</p> <p>Nursery Natter</p> <p>Stories for Talking</p> <p>LEAP</p> <p>Bespoke training available through consultation with SALT to deliver specific intervention</p>
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		<ul style="list-style-type: none"> • The child accesses small group and individualised support, with Speech and Language targets integrated into their daily routine • Access to regular support to develop social skills and support emotional regulation • Planned time for small group and individual working with some light touch adult support, to support independent learning • Planned time for small group and individual working with intensive adult support, to work on communication and interaction e.g. Intensive Interaction, PECS, Attention Autism, use of AAC, guided by external professionals e.g. Speech and Language Therapists <p>Resources: Additional adults support the child individually under the direction of the teacher/ room lead to:</p> <ul style="list-style-type: none"> • Work on highly modified, personal curriculum tasks that are planned to support skills and knowledge relating to specific needs (additional time needed to prepare resources including visual supports to enhance access to learning) • Embed language learning and communication into functional and curriculum activities • Encourage independence • Access for staff to appropriate resources, training, guidance and support from specialist staff, in order to carry out specific interventions 	
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1B Communication and Interaction - Social Communication

Universal descriptor Level 1	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
The child shows low level, infrequent social and communication interaction difficulties which may interrupt learning in some situations. The child's needs are met within their mainstream room through quality first teaching.			
<p>Difficulty establishing or responding to peer interaction</p> <p>Presents as being more comfortable communicating/being with adults</p> <p>Possible low level dysregulated behaviours</p> <p>Conforming – but may struggle with separation from parent/carer or seem unhappy after nursery/school</p> <p>Quiet or passive in nature</p> <p>Withdrawn or ‘Shutdowns’</p> <p>Some identifiable sensory needs</p> <p>‘Meltdowns’</p> <p>Signs of anxiety – e.g. may worry about changes to routine</p>	<p>Careful observation in a range of contexts</p> <p>Data tracking used systematically within room</p> <p>Teacher assessments</p> <p>Child Progress meetings</p> <p>Child/Young Person voice</p> <p>Parent/carer voice (may include a structured conversation).</p> <p>School and room roomd monitoring system to assess</p>	<p>Adjustments to Teaching Methods:</p> <p>Staff should consider and implement as appropriate</p> <ul style="list-style-type: none"> • Make reasonable adjustments re: room environment e.g. displays, furniture • Child is given additional warning to prepare for unexpected changes to the routine. • Have spaces to support sensory needs; offer a range of sensory equipment e.g. stress balls, fiddle toys, room jobs, movement opportunities etc. • Consideration around personal space • Consistency amongst staff – include rewards, accountability, routine, language and approach • Breaking instructions down into small chunks. • Limiting language – speed of delivery, vocabulary, duration of delivery • Use of name - specific instructions • Involvement of child and family in developing strategies • Specific communication, e.g. concrete positive instructions, praise for specific action, clearly defined expectations, simple and purposeful questioning 	<p>Additional advice and support is available from:</p> <p>SENCo</p> <p>Pastoral Team</p> <p>Consultation with other colleagues in room, e.g. Room/Key Stage Manager</p> <p>Parent/Carer insight</p> <p>Early Years Quality Improvement Team support, e.g. Speak up for Sheffield, Play & Stay activity training</p>

<p>Frequency of sickness reported – may be related to anxiety rather than poor health</p> <p>Difficulties maintaining eye contact or unusual eye contact</p> <p>Mild difficulties with social communication and getting along with people, they may appear ‘quirky’</p> <p>Some inflexibility or rigidity in thinking which affects learning & may affect being a member of a group in some contexts</p> <p>May have limited interest in pretend and imaginative play</p> <p>Mild difficulty with understanding language and communicating, gestures or regular routines</p>	<p>child’s need and progress.</p> <p>One Page Profile/Learner Profile</p>	<ul style="list-style-type: none"> • Targeted, simplified level/pace/amount of teacher talk linked to visuals as part of a whole room approach • Use of visual, auditory and kinaesthetic approaches • Whole room resources, displays and provision that support independence • Emphasis should be placed on developing social and communication skills • Awareness of the potential need for guidance and support re: social communication and sensory issues • Resources and structured opportunities to develop communication skills e.g. communication mats, choice boards. <p>Social understanding and social behaviour:</p> <ul style="list-style-type: none"> • PSHE / Circle Time / Mighty Minds / Social stories and other developmentally appropriate focus activities • Teach and model explicit social behaviour in natural real life contexts - including role and puppet play. • Visual cues and prompt cards to encourage desired behaviours. • Opportunities to develop shared play and turn taking- e.g. Intensive Interaction sessions and turn taking games <p>Grouping:</p> <ul style="list-style-type: none"> • The child accesses whole room teaching with some TA support, either as the whole room or small group 	
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		<ul style="list-style-type: none">• All children have access and are supported by the room teacher and any assistants over the week• Some consideration is given to supporting the child to access social situations• Some adult support for learning as required• Environmental considerations are made to meet the needs of all children e.g. seating position, noise, personal space and room layouts, displays and signage <p>Resources:</p> <ul style="list-style-type: none">• Whole room visible timetable – prompts – checklists - plan of the day• Offer a range of sensory equipment e.g. stress balls sensory toys.	
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Targeted descriptor Level 2	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
The child shows low level, frequent social and communication interaction difficulties which interrupt learning in some situations. The child's needs are met in their room through the use of quality first provision and the use of positive, personalised targeted strategies and room led intervention.			
<p>As Level 1 whilst also including –</p> <p>Difficulty making relationships with peers</p> <p>May only be comfortable with familiar adults</p> <p>Frequent behaviours observed:</p> <p>Some difficulty following routines and instruction during parts of the day/nursery session</p> <p>Likely difficulties reported from home</p> <p>Withdrawn/Insular, child may appear passive or non-verbal</p> <p>Some identifiable sensory needs</p> <p>'Meltdowns' or 'shutdowns'</p> <p>Anxiety behaviours are displayed e.g. timings, staffing, routines, separation.</p>	<p>Child/Young Person voice, e.g. using Talking Mats</p> <p>Parent/carer voice (may include a structured conversation).</p> <p>Assess, Plan, Do, Review through a monitoring system should be in place to assess child's need, identify outcomes, implement support and monitor and evaluate progress</p> <p>One Page Profile / Learner Profile</p> <p>Sensory checklist, e.g. AET sensory checklist</p> <p>AET Progression Framework</p>	<p>As Level 1 whilst also including -</p> <p>Adjustments to Teaching Methods:</p> <p>Staff should consider and implement as appropriate</p> <ul style="list-style-type: none"> • The child requires a predictable environment and routine, SCERTS principles are in place and used • Child is given additional warning to prepare for unexpected changes to the routine, e.g. timer, visual support cards, objects of reference • Make reasonable adjustments re: room environment e.g. displays, furniture and possible workstation. • Have spaces to support sensory needs; offer a range of sensory equipment e.g. stress balls, fiddle toys, 'Sensory' and 'Movement' breaks available. • Personalised visual timetable/first/then/flexible visuals available. • Quiet space available – break cards • Seating consideration-carpet spot • Consistency amongst staff – include rewards, sanctions, routine, language and approach • May recognise and report on individual success on at least a weekly basis • Limiting language – speed of delivery, vocabulary, duration of delivery • Use Social Stories, Power Cards, Use of name - specific instructions. 	<p>Additional advice and support is available from:</p> <p>SENCo</p> <p>Pastoral Team</p> <p>GP</p> <p>Health Visitor</p> <p>Sheffield Education Autism Team Helpline</p> <p>MAST</p> <p>0-5 Prevention Team, family centre offer</p> <p>Speech and Language therapist consultation helpline</p>

<p>Some inflexible or rigidity in thinking i.e. a need to complete an activity in a certain way, a need to know changes in advance</p> <p>Possible avoidance of eye contact, unusual eye contact</p> <p>Difficulties with social communication and getting along with people i.e. driven by own interests, may appear unaware of peer interest.</p> <p>Some rigidity of thoughts which affects learning & affecting being a member of a group in some contexts</p> <p>Moderate difficulty with understanding language and communicating</p> <p>Uses verbal communication and/or may appear highly verbal but requires visual support to understand language</p> <p>Responds to simple instructions in context/uses simple language to express needs/sustains listening concentration for short periods</p> <p>Being quite literate in interpreting situations</p>		<ul style="list-style-type: none"> • Use of 'sensory toys' in learning times • Involvement of child and family in developing strategies. • Specific communication, e.g. concrete positive instructions, praise for completing a specific action, less/simplified language, visual cues-eg Makaton signs • Use of child's special interests as motivation-plan interest led activities. • Make time for special interests. • Increased differentiation of activities and materials by presentation, outcome, timing, scaffolding and additional resources • Differentiated questioning and targeted simplified level/pace/amount of teacher talk • Alternative forms of recording routinely used- videos, photos, audio, keyboard, tablets. • Small steps approaches • Child is provided with personalised resources and displays that support independence e.g. in working spaces, lanyard, visual reminders, timers, rewards • Sensory breaks and use of alternative spaces are built into the timetable to respond to anxieties and overstimulation e.g. appropriate space at snack time • Differentiation needed in some tasks • Small steps approaches, task boards, forward/backward chaining, modelling. • Emphasis should be placed on developing social and communication skills • Room staff provide guidance and focus support regarding social communication and sensory issues • Key staff in school are given regular updates on needs and strategies for the child e.g. lunchtime 	
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<p>Prefers to play alone</p> <p>May have limited interest in pretend and imaginative play, tending to focus on their own choice of activities</p> <p>Difficulties with understanding other people's feelings and often unaware of their own feelings.</p>		<p>supervisors, supply staff, TAs, office staff, cover supervisors</p> <p>Grouping:</p> <ul style="list-style-type: none"> • Environmental considerations are made to meet the known needs the child e.g. seating position, noise, personal space and room layouts, displays and signage. Staff may have recognised needs through the use of sensory checklists, staff observations or outside agency input • The child accesses whole room teaching with some small group intervention through the week • The child accesses designated learning time, either in small groups or 1:1, with the room teacher and other members of staff • The child accesses timetabled additional small group opportunities to work on identified areas of need matched specifically to their social communication profile e.g. Social Group, Mighty Minds, Attention Autism, Theraplay, group nurturing activities • Pre/post learning opportunities • Consideration is given to supporting the child to access social situations - turn taking activities, wait card, sitting spot – to allow opportunities for success. • Support at times for transition within the day may be required <p>Resources:</p> <ul style="list-style-type: none"> • Adult support for learning as required • Wide variety of resources appropriate to the learning • Interest boxes specific to child for 'downtime' 	
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		<ul style="list-style-type: none">• Specialist equipment specific to the child's learning need i.e. sloping board, coloured paper, pencil grips etc.	
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Bespoke descriptor Level 3	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
The child shows frequent social, communication and interaction difficulties which interrupt their own and possibly others learning in a range of situations. The child's needs are met using a combination of approaches, including small group interventions and 1:1 individualised support in and out of the room, following support, guidance and advice from other professionals as appropriate.			
<p>As Level 1 and 2, may also include –</p> <p>Co-occurring difficulties / Neuro diverse needs, e.g. co-ordination difficulties, attention difficulties, high activity levels</p> <p>Notable sleep, toileting or eating difficulties</p> <p>Additional speech and language difficulties</p> <p>More prominent sensory needs</p> <p>Additional family difficulties / situation may impact on the child</p>	<p>Personalised targets are likely informed by Outside Agency advice and recommendations, professional judgement and a thorough, holistic assessment of a child's learning profile.</p> <p>Evaluated support plan</p> <p>Multi Agency Planning</p> <p>Assess, Plan, Do, Review using SEN Documents regularly reviewed</p> <p>A My Plan may be in place to draw together information, advice,</p>	<p>As Level 1 and 2 whilst also including -</p> <p>Adjustments to Teaching Methods:</p> <p>Staff should have considered and implemented as appropriate</p> <ul style="list-style-type: none"> • The child requires a predictable environment and routine within a highly structured curriculum • Child is given additional warning and support to prepare for unexpected changes to the timetable • Timetabled regular (at least 3 x weekly) support from pastoral staff working on specific personalised targets i.e. there is an emphasis on this child within a group or they receive 1:1 support under the direction of the teacher • Advice implemented on Social Communication Difficulties from appropriate professionals 	<p>Additional advice and support is available from:</p> <p>Autism Education Support Team</p> <p>MAST</p> <p>Learning Support</p> <p>Consultation with Educational Psychology Service</p> <p>Child and Adolescent Mental Health Service (CAMHS)</p> <p>Referral to Ryegate Children's Centre or Centenary House</p> <p>Speech and Language Therapy Team (SALT)</p> <p>Ryegate Sensory Service https://www.sheffieldchildrens.nhs.uk/services/child-development-and-neurodisability/sensory-processing-difficulties/ 0-5 SEN Support Team</p>

<p>More intensive rigidity / single mindedness</p> <p>Prominent absence</p> <p>Has persistent patterns of behaviour that interfere with their ability to learn</p> <p>Difficulties with change in routine or in response to expectations, even with forewarning</p> <p>Struggle to make / maintain relationships with adults/peers</p> <p>Unable to instigate positive peer interactions – may be unaware of peers.</p> <p>May have intense or obsessional relationships</p> <p>Experiences 'meltdown' or 'shutdown' due to high anxiety</p>	<p>aspirations and planned outcomes</p> <p>Use of high quality assessment tools that are regularly reviewed, e.g. Locke and Beech, AET Progression Framework, B Squared / Pivats, Boxall Profile (FS2)</p> <p>SCERTS assessment, informs outcomes and planned provision</p> <p>Basket of Assessment Approach including:</p> <p>MAPP</p> <p>Routes for Learning</p> <p>Assessing and Developing Communication and Thinking Skills in people with Autism and Communication Difficulties (Kate Silver)</p>	<ul style="list-style-type: none"> • Outcomes set to ensure child's social communication skills are developed • Adjustment to uniform /clothing if required • Access arrangements including reasonable adjustments to timetables, meeting and greeting, time out passes, lunch pass etc. • Use of Social Stories and Power Cards • Personalised access arrangements are used (e.g. 5 point scale, zones of regulation or emotion cards) to indicate feelings, avoidance of known trigger points, amendments to toileting support etc. • The teacher/nursery lead professional takes responsibility for supporting others to devise deliver and evaluate a personalised programme that accelerates learning. • On-going opportunities for individual learning support from the room teacher and other staff directed by the teacher focused on specific targets with reinforcement in whole room activities to aid transfer of skills 	
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<p>Can be literal in their interpretation of situations</p> <p>Prefers to play alone and tends to focus on own choice of activities -may not engage in purposeful play.</p> <p>Limited interest in pretend and imaginative play – prefers concrete and repetitive activities</p> <p>Has difficulty understanding their own or other people's feelings</p> <p>Finds change difficult to cope with</p> <p>Has sensory issues such as over-or under sensitivity to noise. May seek sensory experiences/ feedback</p> <p>Child shows signs of stress and anxiety</p> <p>Consistent difficulty with understanding</p>	<p>The Social Play Record (Chris White)</p> <p>Autism Education Trust (AET) Sensory checklist</p>	<ul style="list-style-type: none"> • Further modification of level, pace, amount of teacher talk to address child's identified need • Personal Handling Plan/Positive Handling Plan to identify de-escalation techniques • Risk assessments to identify and address possible areas of risk for the child <p>Grouping:</p> <ul style="list-style-type: none"> • The child will access a variety of support over the week including whole room teaching, small group support and individualised support working on personalised targets matched to their social communication profile to enable them to access the curriculum e.g. Circle of Friends, Theraplay, Mighty minds, Attention Autism, Curiosity Programme, where the child's need is the focus for the session etc. • The child accesses designated learning time, either in small groups or 1:1, with the room teacher and other members of staff. • Pre / post learning opportunities 	
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<p>language and communicating – may be able to speak in full sentences</p> <p>Child’s language difficulties affect curriculum access, indicated by attainments below expected level,</p> <p>The child’s ability to communicate effectively may fluctuate depending on their level of emotional regulation</p>		<ul style="list-style-type: none"> • Awareness of the potential need for guidance and support to develop specific interventions re: social communication and sensory issues • Sensory breaks built into the timetable to respond to anxieties and over or under stimulation • Some adult support for learning and to aid the development of positive relationships <p>Resources:</p> <ul style="list-style-type: none"> • Personalised visual timetable, flexible visuals objects of reference for extended periods of time e.g. half day session or whole day as appropriate to the child • Alternative ways of recording include electronic devices may be appropriate • There will be a need for very structured and multi-sensory approaches to learning including task board, adult supported use of Now/Then prompts, start / finish boxes, busy box, task reward • Enhanced and targeted opportunities to use technological aids 	
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		<ul style="list-style-type: none">• Use of visual reminders, timers, resources and rewards to develop independence <p>Consideration will need to be made to support the child during periods of change e.g. cultural celebrations, Sports Day, off timetable events, trips, extended periods of absence</p>	
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Bespoke descriptor Level 4	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
The child consistently experiences challenges which are linked to their communication and interaction difficulties which impact on their ability to access a learning environment without highly personalised support. The child's needs are met through an individual, bespoke curriculum which is highly personalised. The child is able to access the room for limited periods, where they are able to experience success through planned opportunities alongside their peers supported by a member of staff.			
<p>As Level 1, 2 and 3 may also include –</p> <p>Likely lacks the skills, or desire, to be part of a group or form meaningful friendships</p> <p>Preference for concrete and repetitive activities</p> <p>Is very susceptible to sensory triggers, which regularly leads to challenging or avoidant behaviour</p> <p>School environment difficult to manage e.g. where a child has an extreme anxiety / sensory need</p> <p>Needs a highly bespoke package to enable the child to cope with daily demands</p> <p>The child may see school as a threatening environment on a daily basis which leads to them</p>	<p>As for Levels 1, 2 and 3 whilst also including -</p> <p>Outside agency advice and recommendations</p> <p>Multi agency planning</p> <p>Multi-Element Plan (EPS led)</p> <p>Positive Handling Plan or similar personal plan and risk assessment agreed with parents / carers</p> <p>Sensory checklist</p> <p>A My Plan or EHCP may be in place to recognise the child's needs</p>	<p>The child's needs are identified and known by staff working in school, agreed by parents and recorded on a detailed and shared plan e.g. PHP or risk assessment.</p> <p>As Level 1, 2 and 3 whilst also including -</p> <p>Adjustments to Teaching Methods: Staff implement a highly bespoke package of support that includes</p> <ul style="list-style-type: none"> • Teaching approaches that place a high emphasis on direct training, are very finely graded and offer practical tasks which provide opportunities to make progress towards planned outcomes • Opportunities are frequent, repeated and reviewed • Additional adults support the child individually, under the direction of the teacher and other key staff to: <ul style="list-style-type: none"> • work on highly modified curriculum tasks when working with the whole room • access significant amount of sessions of individual support across each day • encourage independence 	<p>Additional advice and support is available from:</p> <p>Local Authority SEND Manager / Officer</p> <p>MAST</p> <p>Autism Team</p> <p>0-5 SEN Support Service</p> <p>Learning Support Service</p> <p>Educational Psychology Service</p> <p>Child and Adolescent Mental Health Service (CAMHS)</p>

<p>being dysregulated prior to arrival - separation difficulties</p> <p>High anxiety could lead to avoidance or stress indicators often leading to challenging behaviour</p> <p>Significant 'meltdowns' or 'shutdowns' at home are reported. Family have to make significant adaptations to manage home life – refusal to access the room may be seen</p> <p>Significant difficulties with receptive and / or expressive language leading to challenging or very passive behaviours when needs cannot be communicated</p> <p>Child uses a combination of verbal and alternative communication to meet their basic needs</p> <p>Ability to communicate effectively may fluctuate depending on their level of emotional regulation</p> <p>Language impairment affects access to all aspects of the curriculum – may speak in sentences, be echolaic, mute or</p>	<p>and provision required to meet them</p>	<ul style="list-style-type: none"> • Opportunities for successful peer to peer interaction • Tasks will be short in duration and may be reward led • Sensory breaks will be a part of the child's day as identified/required • Accommodation where possible is made to meet the child's individual sensory profile • The curriculum places an emphasis on identified holistic outcomes • Personalised access arrangements are used (e.g. 5 point scale zones of regulation or emotion cards) to indicate feelings, avoidance of known trigger points, amendments to toileting support etc. • Support is required during social times to make links with peers and ensure safety <p>Grouping:</p> <ul style="list-style-type: none"> • The child will access support in high adult to child ratio groups or 1:1 e.g. Attention Autism, Curiosity Programme, 2:1 Theraplay/Nurture activities, Positive Play, PECS focused sessions, 1:1 Friends, Intensive Interaction etc. • Working on an individual, bespoke curriculum and so has an individual timetable that includes planned time within the mainstream room, to enable the child to access the room for limited periods alongside a member of staff where they are able to experience success. <p>Resources:</p> <ul style="list-style-type: none"> • Effective use of individual visual timetable, objects of reference or flexible visuals per session or 	<p>Ryegate Children's Centre</p> <p>Centenary House</p> <p>Speech and Language Therapy Team (SALT), possible referral to UCAN or Rowan Outreach</p>
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<p>possibly not occur to the child to ask for help</p> <p>Very slow response to verbal stimuli, low retention of abstract concepts</p> <p>Has rigid thought processes and routines that affect all aspects of school life</p>		<p>activity e.g. start/finish, now/then which does require support to implement</p> <ul style="list-style-type: none"> • Alternative Communication systems e.g. PECS, Makaton may be considered • Possible access to enhanced provision within the setting to support regulation and attendance • Sensory checklist informs bespoke timetable <p>Transitions: thorough and timely preparations made for transition, both between year groups and between settings</p> <p>Consideration will need to be made to support the child during periods of change e.g. Christmas, Sports Day, off timetable events, trips.</p> <p>Disability Fund (DAF)/Disability Living Allowance (DLA) /Early Years Grant funding may be appropriate to support and enhance the provision in place</p> <p>There is agreement between professionals (EPS, Local Authority SEND Manager) that the child's needs and provision in place constitute a Level 4.</p>	
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Bespoke descriptor Level 5	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
The child shows severe and persistent communication and interaction difficulties which impact on their ability to safely access a learning environment without continual bespoke, personalised support. The child's needs are met through constant support to access a flexible and responsive timetable planned to meet specific outcomes agreed by specialist outside agencies, parents, child (where appropriate), Locality Authority SEN Manager and school staff. The child accesses a fully personalised timetable alongside a highly skilled member of staff.			
<p>As Level 1, 2, 3 and 4 may also include –</p> <p>Socially isolated unaware of peers or staff or regular conflict with peers / staff</p> <p>Highly susceptible to sensory triggers which consistently lead to challenging behaviour which puts themselves and others at risk</p> <p>The room/Nursery environment provokes extreme behaviours linked to sensory and anxiety led needs</p> <p>Extreme anxiety has led to school refusal despite a highly personalised and appropriate offer of provision</p> <p>Needs a flexible and responsive package of 1:1 support to</p>	<p>As for Levels 1, 2, 3 and 4</p> <p>Assessment of needs, progress and setting of next steps will be collaborative in nature with school staff working alongside the family and Outside Agency professionals (including Health and Care colleagues where appropriate)</p> <p>Positive Handling Plan or similar personal plan and risk assessment agreed with parents / carers</p>	<p>Adjustments to Teaching Methods: Staff should have considered and implemented, as appropriate, approaches from Level 1, 2, 3 and 4.</p> <p>In most cases* there will be evidence of a graduated approach through the grid levels, and that from Level 4 to Level 5 it can be shown that ALL avenues of adjustment to provision have been considered and attempted (where appropriate) alongside support from Outside Agency professionals in a planned, sustained and reviewed manner. This would normally include accessing the Locality High Needs SEND Funding and Local Offer.</p> <p>*not including new starters to school or rapid escalation in presentation.</p> <p>There is agreement between professionals (EP, Locality SENCO, SEND Manager etc.) that the child's needs and provision in place constitute a Level 5.</p>	<p>Additional advice and support is available from:</p> <p>Locality SEND Manager/Officer</p> <p>Autism Team</p> <p>Learning Support Service</p> <p>Educational Psychology Service</p> <p>Child and Adolescent Mental Health Service (CAMHS)</p> <p>Ryegate</p> <p>Centenary House</p> <p>Speech and Language Therapy Team (SALT)</p>

<p>enable the child to cope with daily demands</p> <p>Family have had to make significant adaptations to manage home life</p> <p>Significant difficulties with receptive and/or expressive language leading to challenging or very passive behaviours when needs cannot be communicated</p> <p>Child may communicate non-verbally using behaviour and body language, an adult may need to interpret the child's behaviour to understand their needs</p> <p>Language impairment affects access to all aspects of the curriculum</p> <p>Very slow response to verbal stimuli, low retention or understanding of abstract concepts</p> <p>Cannot appreciate the needs of the listener and is egocentric</p> <p>Has rigid thought processes and routines that affect all aspects of school life</p>	<p>An EHCP may be in place to recognise the child's needs and provision required to meet them</p>		
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2 Cognition and Learning

**Universal descriptor
Level 1**

**Identification
and
Assessment**

**Teaching and Learning
Strategies, Resources and Physical Environment**

The child shows some low-level learning needs which affect their learning in some areas of provision. Their needs are met through their mainstream Early Years provision and through Quality First Teaching approaches, accessing group learning (e.g. carpet time) with some occasional support from staff in provision.

Some difficulties in the acquisition and / or use of early language, early literacy and early numeracy skills that can be addressed in setting

Some difficulties with age-related, adaptive behaviour and social skills e.g. occasional, low-level difficulties engaging with routines and adult requests which are improved once routines/key person are established

Can show lack of attention in provision, especially whole group listening times e.g. carpet sessions or accessing provision

Careful observation in a range of contexts

Teacher assessments using appropriate age descriptors

Child Progress meetings

Child voice (or an adult that knows the child well)

Parent/carer voice (may include a structured conversation)

School/setting monitoring system to assess child's need and progress.

Adjustments to Teaching Methods:

Staff should consider and implement as appropriate:

The child is part of whole group/small grp as necessary and provided with resources and scaffolding to achieve desired outcomes e.g. scaffolded language/ communication with peers etc

- Expectations on outcomes and timings during teacher-led tasks are considered, particularly during whole grp activities
- Targeted, simplified level / pace / amount of teacher talk with consideration given to questions asked as part of a range of learning scenarios (large grp, small grp etc)
- Possibly some pre-teaching of the language or main ideas of a session to tune in the child. E.g. introduce characters of a story prior to the story being read
- Alternative forms of demonstrating understanding are expected and supported, for example a child in FS2 who is finding writing difficult may be allowed

Additional advice and support is available from:

SENCo

Setting-based inclusion/pastoral teams /room leader/manager

Consultation with other colleagues in setting

Consultation with parents regarding 2 year check or any previous involvement from Health Visitor

Signpost to Family Centre Support offer

<p>May need longer to acquire/understand daily routines e.g. snack time and points of transition (getting ready for outside etc)</p>	<p>One Page Profile</p>	<p>to verbalise their ideas and/or have their ideas scribed etc</p> <ul style="list-style-type: none"> • Use of visual, auditory and kinaesthetic approaches are regularly used (E.g. visual timetable, use of Makaton/other signs to support understanding of new language or physical resources) • Breaking instructions down and/or repeating separately • Child may need shorter spells of whole-class listening and attention times – consider split inputs if necessary • Feedback should be verbal, instantaneous and relevant. It should match the child's understanding levels and may be verbal praise to encourage, initially. Child's name is used first, to tune them in • Differentiation in approach may be needed in some areas of learning and/provision as well as some social situations • Access to appropriate resources both in continuous provision and in adult-led activities <p>Social understanding and social behaviour:</p> <ul style="list-style-type: none"> • The child is supported in their communication with others where necessary • Consideration is given to a child who is shy or shows signs of selective mutism – communication can be modelled between the child and another child • Support is given to the child where they need help in behaving in an age-appropriate, socially acceptable way • The child may need help to take turns or share and this should be taken into account during small group times and any times where the learning space is shared with other children 	<p>https://www.sheffielddirectory.org.uk/kb5/sheffield/directory/results.page?familychannelnew=5</p> <p>Sheffield Local Offer for information and support for parents https://www.sheffielddirectory.org.uk/kb5/sheffield/directory/advise.page?id=eK8U82VhBgk Parent Carer Forum https://sheffieldparentcarerforum.org.uk/</p>
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Grouping:

- The child accesses whole group teaching (e.g. carpet time) and small group learning opportunities but may need some adult support
- Consideration is given to the child as a whole in terms of their access-related needs as well as their topic-related needs. (I.e. a child who is struggling to focus will find accessing the learning more difficult. This may have an impact on what they can retain)
- All children have access and are supported by the teacher(s) over the week in both indoor and outdoor provision

Resources:

- Resources in provision should carefully match the needs of the child, appealing to their interests at times
- Resources in whole-group inputs should engage the child and help support gaps in understanding
- Adults support the child to access provision. They may help with language, social skills and interactions

Environment:

- Provision should include some interest-based areas/activities as well as specific intervention resources (including staff)
- Both indoor and outdoor learning spaces should include some learning matched to the child's needs.
- Adults model activities in provision, suggesting ways to use equipment and games/playful scenarios in individual, small group or large group scenarios

Targeted descriptor Level 2	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
<p>The child shows mild/moderate learning difficulties which affect their access to the provision and may be working below age-related expectations in some Educational Programmes. The child is able to access group learning e.g. carpet time, with some small group/focus intervention work support to ensure the gap between them and their peers does not widen. The child's needs are met through Quality First Teaching with the use of targeted strategies and setting-led intervention, e.g. focus interventions appropriate to their age and/or stage of development</p>			
<p>As Level 1 whilst also including –</p> <p>Working below age-related expectations in attainment</p> <p>Some difficulties in the acquisition and/or use of early language, literacy and numeracy skills which are not immediately addressed through access to normal, daily provision</p> <p>Lack of attention in some areas which impacts on ability to access group learning or engage with peers within provision</p> <p>Staff observe difficulties with normally remembered information despite continued and repeated input</p>	<p>Child/Young Person voice, e.g. using Talking Mats or an adult that knows the child well</p> <p>Parent/carer voice - may include a structured conversation</p> <p>Assess, Plan, Do, Review through a monitoring system should be in place to assess child's need, identify outcomes, implement support and monitor and evaluate progress</p> <p>One Page Profile</p>	<p>As Level 1 whilst also including -</p> <p>Adjustments to Teaching Methods: Staff should consider and implement as appropriate:</p> <ul style="list-style-type: none"> • Make explicit links between different aspects of learning and daily routines • Through linked learning opportunities and in preparation for new learning, staff prepare individual children and support their understanding via pre-teach and post-teach sessions. Planning will reflect a need to repeat learning where appropriate • Repetition and reinforcement of whole group learning intentions will be needed and support in provision will encourage an increasing balance between child-led and adult-led learning activities • Alternative forms of recording offered in FS2, as the child begins to progress in mark making, are used to enable the child to access tasks and achieve objectives - adults may choose to provide a scaffold or may need to scribe for the child 	<p>Additional advice and support is available from:</p> <p>SENCo</p> <p>Setting-roomd inclusion/pastoral teams /room leader/manager</p> <p>Consultation with 0-5 Inclusion Team</p> <p>MAST referral may be required, depending on the family context</p> <p>Consultation with Health Visitor</p>

<p>Some difficulties with age-related, adaptive behaviour and social skills e.g. occasional, low-level difficulties engaging with routines and adult requests May find it difficult to follow instructions and routines</p> <p>Child may find it difficult to choose activities in provision and may appear lost or follow familiar adults round the setting. Support is needed to encourage independent access within provision</p>	<p>Sensory checklist</p> <p>SALT Communication Plan (if known to SALT)</p> <p>IT KIT</p> <p>2 Year Progress Check</p>	<ul style="list-style-type: none"> • Clear instructions are given in small and manageable chunks, visual support is given where possible, e.g. through the use of a visual timetable • Instructions may need to be repeated or modelled and the child supported to carry them out • Immediate verbal feedback to child to facilitate further learning including showing the child how to do something they might not have been able to do. Staff should use this as a learning point for further and plan to revisit <p>Grouping:</p> <ul style="list-style-type: none"> • The child accesses whole group time most of the time during the week but may not be able to stay focussed for the entire session. May need adult support, distraction technique or an alternative to sitting for the whole input • In FS2, the child may need to access part of the whole class input and need to revisit later with a familiar adult • The child accesses designated learning time, in small groups with the class teacher and other familiar members of staff • The child accesses timetabled additional small group/settled opportunities to work on identified areas of need matched specifically to their learning profile e.g. Numberbox, First Class @ Number, language intervention such as LEAP/Nellie/Talk Boost, phonic booster sessions etc - with reinforcement in whole class activities to aid transfer of skills. In nursery this might look more like listening and attention games or games to 'tune in' to the adult. This may take place 	<p>Signpost to Family Centre Support offer – see Lv1 for link</p> <p>Referral to Early Years Partnership process</p> <p>Consultation with Community Early Years teachers e.g. 'Play and Say' and training and staff development</p> <p>Talking toddlers: age of referral 18 - 28 months</p> <p>Speech and language therapy drop-ins if child is not already known to service or advisory line - (0114) 3053956 (first Friday of every month 1.30pm – 4pm)</p>
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		<p>inside or outside and will increase the time expected to focus on said activity</p> <ul style="list-style-type: none">• Pre/post learning opportunities will usually be planned and staff respond as necessary to the needs of the child, deciding if more time is required now or later <p>Resources:</p> <ul style="list-style-type: none">• Resources in provision are sometimes matched to learning needs. Adults may suggest appropriate play or support a targeted child in their play to access the resources they have chosen• Adults are the main resource here: scaffolding learning, sentences and posing appropriate questions to find out what the children knows and can do, in order to plan appropriate next steps	
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Bespoke descriptor Level 3	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
The child shows significant difficulties with access to the whole curriculum taking into account the age and developmental level of the child. The child is working noticeably below age-related expectations and their lack of progress means that the attainment gap between themselves and peers is growing. The child's needs are met through a combination of approaches following advice from other professionals as appropriate, including small group interventions and 1:1 individualised support in and out of provision.			
<p>As Level 1 and 2, may also include –</p> <p>The child's individual learning assessments (from health/learning services) may indicate general learning difficulties: The child may have a diagnosis or be under assessment e.g. for general learning difficulties, global delay.</p> <p>Staff may have concerns that pre-natal factors may be contributing to difficulties that the child has acquiring knowledge</p> <p>Difficulties across the Curriculum with the acquisition and/or use of early language, literacy and numeracy skills, despite QFT and relevant, focused small group interventions and 1:1</p>	<p>Personalised targets will be informed by Outside Agency involvement, professional judgement and a thorough, holistic assessment of a child's learning profile.</p> <p>Outside agency advice and recommendations</p> <p>Access arrangements considered</p> <p>Multi Agency Planning</p> <p>Assess, Plan, Do, Review using SEN</p>	<p>As Level 1 and 2 whilst also including -</p> <p>Adjustments to Teaching Methods: Staff should consider and implement as appropriate</p> <ul style="list-style-type: none"> • Individual support working on progressive, personalised targets in provision (agreed as a team) as informed through thorough observations. At this point and, in liaison with outside agencies, assessment tools such as Locke and Beech, B Squared or the ESCAL tracker or other non-statutory assessment tools may be used to inform practice. • Targets worked on daily, both in provision where possible and in a range of group sizes depending on the child. • Specific planning and modifications made to allow the child to access the whole group session. During continuous provision, amendments to resources may be necessary and could involve 1:1 work or small group work at times. • The child's interests are taken into consideration when planning and staff use this as an access tool to motivate and engage them <p>Due regard will need to be made regarding other areas of the SEN Code of Practice, e.g. social skills / gross</p>	<p>Additional advice is available from:</p> <p>MAST referral may be required, depending on the family context</p> <p>Referral to 0-5 SEN Support Service</p> <p>Learning Support Service referral if appropriate (FS2)</p> <p>Consultation with Educational Psychology Service</p> <p>Referral to Ryegate Children's Centre/ Centenary House for possible neurological assessment</p> <p>Referral to Speech and Language</p>

<p>Working well below others – e.g. unable to demonstrate basic understanding of simple concepts and routines without prompts.</p> <p>Lack of focus and attention during group input due to comprehension and language difficulties. Struggles to focus on the person speaking and needs adult support to engage with the activity</p> <p>Memory difficulties make engaging with routine activities challenging. Children at Level 3 may also find remembering familiar people difficult and therefore making/ building on relationships is difficult</p> <p>Regular avoidance of adult-led, focussed activities, despite support to engage. Prefers self-initiated play and may dislike demand and/or instruction from others.</p>	<p>Documents regularly reviewed</p> <p>A My Plan may be in place to draw together information, advice, aspirations and planned outcomes</p> <p>Use of high quality assessment tools that are regularly reviewed, e.g. Locke and Beech, alongside advisory services to inform and identify areas of need and planned outcomes</p> <p>2 Year integrated review</p> <p>AET Progression Framework</p> <p>SALT Communication Plan (if known to SALT)</p>	<p>motor skills etc Amendments to resources and activities may be due to a number of different additional needs</p> <p>Grouping:</p> <ul style="list-style-type: none"> • The child will access a variety of support over the week which may include whole class teaching, small group support and daily, individualised support, working on personalised targets matched to their learning profile to enable them to access the provision • The child accesses designated learning time, either in small groups or 1:1, with familiar teachers. This may include small listening and attention groups or early phonics groups as well as registration groups and key worker groups. • Pre/post-learning opportunities to either prepare children for new learning or follow up learning are consistently planned and utilised in provision to add further support <p>Resources:</p> <ul style="list-style-type: none"> • Wide variety of resources appropriate to the child/learning intentions • Interest areas are planned to support the learning of ALL children but certain resources are planned JUST for this child if necessary (possibly roomd on their interests). • Specialist equipment specific to the child’s learning need e.g. physical apparatus (toilet support, smaller/taller chairs to support sitting, fidget toys etc) 	<p>Therapy Team (SALT)</p> <p>Consultation with Health Visitor regarding any previously recorded/current concerns</p>
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		<p>In FS2 this may include access to coloured paper, sloped writing board, wider lines, chunkier pencils/writing implements etc.</p> <ul style="list-style-type: none"> • One page profile may be left for supply staff/visitors, explaining main information about the child I.E what resources they like to use, how to support them in setting and who their key person is etc. These are displayed sensitively, away from general view but within access for relevant staff e.g. staff room. • Access appropriate training if required e.g. around differentiation • Staff may visit other settings to see additional, appropriate teaching methods being used • Training /peer support is offered to staff to enable them to support the child. Relevant outside agencies may be required to support staff knowledge and understanding of specific cases • Relate language to kinaesthetic learning opportunities • If whole class visual timetable is not enough, personalised timetable could be used in addition e.g. use of Now & Then, reward focused activities. Use of photographs of different areas within the setting supports the child's understanding. <p>Specific training needs for staff are identified and sourced. Staff may be supported through working alongside specialists in setting, either Outside Agency or within setting (though an appropriately qualified and highly skilled specialist).</p>	
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Bespoke descriptor Level 4	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
<p>The child shows severe and persistent difficulties acquiring and retaining skills across all areas of learning, e.g. communication and social skills, understanding of basic concepts, labelling skills, engagement outside of educational setting. The child will be working significantly below age-related expectations. The child works on an individual and bespoke curriculum within setting and therefore has a highly monitored and assisted routine in order to access planned and appropriate provision. The child is able to access some focus group learning with significantly high levels of scaffolding, or significant adult direction, to ensure that they can experience success alongside peers. Adjustments to normal daily routines and expectations are made in order to take into account the impact of the child's acute Special Educational Needs on their ability to engage in provision.</p>			
<p>As Level 1, 2 and 3, may also include –</p> <p>Standardised cognitive assessments show the child is working significantly below age-related expectations</p> <p>Severe and persistent difficulties with the acquisition and retention of use of early language, literacy and numeracy-roomd activities and physical skills despite QFT and relevant, appropriate focused small group and 1:1 intervention</p> <p>Will present with very short attention span and may present as having memory difficulties which impact their ability to access daily routines/learning and/or play</p>	<p>As for Levels 1, 2 and 3 whilst also including -</p> <p>Outside agency advice and recommendations</p> <p>Multi-agency planning</p> <p>Multi-Element Plan (EPS led)</p> <p>An Assess, Plan, Do and Review cycle will be in place to identify the holistic needs of the child and identify support in place to meet them</p>	<p>The child's needs are identified and known by staff working in school, agreed by parents and recorded on a detailed and shared plan e.g. PHP or risk assessment.</p> <p>As Level 1, 2 and 3 whilst also including -</p> <p>Adjustments to Teaching Methods: Staff implement a highly bespoke package of support that includes:</p> <ul style="list-style-type: none"> • Most of the day is taken up practising routines and acquisition of skills that support being in a main-stream early years setting • Learning/skills opportunities are frequent, repeated and reviewed • Additional adults support the child individually, under the direction of the teacher and other key staff to: <ul style="list-style-type: none"> - work on a highly modified early years curriculum E.g. child takes part in individually tailored activities during carpet time or accesses sensory/ shorter activities - access a significant amount of individual support throughout their time in provision 	<p>Additional advice and support is available from:</p> <p>MAST referral</p> <p>Learning Support Service referral if appropriate (FS2)</p> <p>Educational Psychology</p> <p>0-5 SEN Service Team</p> <p>Ryegate Children's Centre/Centenary House for possible neurological assessment</p>

<p>Avoidance behaviours frequently seen. Typically has own agenda and needs significant support to 'join in' or access planned provision</p> <p>Due to diminished communication skills, child finds instructions exceptionally difficult to follow and will need lots of adult support to complete simple activities/routines</p> <p>A high level of support needed to access provision effectively. Play lacks focus and child may 'flit' from activity to activity or alternatively may get 'stuck' in one area</p> <p>Likely to need constant on-going level of support for personal / social / emotional well-being and / or self-help and safety (and possibly toileting/self-care routines)</p> <p>Prefers to engage in sensory led play</p> <p>Difficulties with adaptive behaviour and social skills within provision. Most probably needs support to access shared resources and/or communicate</p>	<p>A 'My Plan' will very likely be in place or an EHCP may be in place (or planned to be requested) to recognise the child's needs and provision required to meet them</p> <p>Positive Handling Plan or similar personal plan and risk assessment agreed with parents / carers may be in place</p> <p>Sensory checklist and/or assessment</p> <p>SALT Communication Plan (if known to SALT)</p> <p>Foundation Stage 2 learners may benefit from assessment against the Engagement Model ready for transition to Year 1</p>	<ul style="list-style-type: none"> - encourage independence particularly with self-care tasks e.g. taking own coat off, hanging coat up, putting drink away, accessing toileting areas appropriately - Continually working on communication skills e.g. vocabulary, following simple instructions and monitoring understanding levels. <ul style="list-style-type: none"> • Tasks will be short in duration and may be rewarded • Tasks will provide opportunities for the child to experience success and build on targeted next steps and knowledge • The child may have their own reward system to keep a visual track of success as well as a personal 'now and next' system <p>Grouping:</p> <ul style="list-style-type: none"> • Working on an individual, bespoke curriculum and so has a highly personalised timetable that may include time spent away from the whole group • The child is able to access the classroom provision for limited periods by themselves (as individually appropriate) where they are able to experience success with a 'light touch' from a known adult • Planned opportunities are provided for the child to be included with peers where the child is able to experience success <p>Resources:</p> <ul style="list-style-type: none"> • Effective use of personalised resources roomd on the child's interests to engage them to learn in provision or to access group work 	<p>Consultation with Occupational Therapy if required</p> <p>Speech and Language Therapy Team (SALT)</p> <p>Consultation with Health Visitor regarding any previously recorded/current concerns</p>
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a wish to play with something someone already has		<ul style="list-style-type: none">• Effective use of individual visual timetable per session or activity, e.g. start / finish, now / then which does require support to implement	
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Bespoke descriptor Level 5	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
The child shows severe and pervasive difficulties which impact on their ability to safely access a learning environment without continuous, bespoke and personalised support. The child's needs are met through constant support to access a flexible and responsive timetable planned to meet specific outcomes agreed by specialist outside agencies/services, parents and school staff. The child accesses a fully personalised timetable alongside a highly skilled member of staff to access planned provision and individualised intervention.			
<p>As Level 1, 2, 3 and 4 may also include –</p> <p>Educational Psychology or medical cognitive assessments indicate profound and multiple learning difficulties.</p> <p>The learner's profile falls significantly below what is expected for this age range across all areas of learning consequently Educational Psychologists, or other medical teachers indicate significant generalised learning difficulty.</p> <p>Severe and persistent difficulties with the acquisition and retention of use of early language, play skills, literacy and numeracy skills despite 1:1 support - including the ability to communicate basic needs</p>	<p>As for Levels 1, 2, 3 and 4</p> <p>Assessment of needs, progress and setting of next steps will be collaborative in nature with school staff working alongside the family and Outside Agency professionals (including Health and Care colleagues where appropriate)</p> <p>Positive Handling Plan or similar personal plan and risk assessment agreed with parents / carers</p>	<p>Adjustments to Teaching Methods: Staff should have considered and implemented, as appropriate, approaches from Level 1, 2, 3 and 4.</p> <p>In most cases* there will be evidence of a graduated approach through the grid levels, and that from Level 4 to Level 5 it can be shown that ALL avenues of adjustment to provision have been considered and attempted (where appropriate) alongside support from Outside Agency professionals in a planned, sustained and reviewed manner. This would normally include accessing the Locality High Needs SEND Funding and Local Offer.</p> <p>*not including new starters to school or rapid escalation in presentation.</p> <p>There is agreement between professionals (EP, Locality SENCO, SEND Manager etc.) that the child's needs and provision in place constitute a Level 5.</p>	<p>Additional advice and support is available from:</p> <p>As for Levels 1, 2, 3 and 4 and...</p> <p>Local Authority/ Locality SENDSARS Manager/Officer</p> <p>A range of appropriate and relevant advisory and support services will be involved to support the complex education, care and health needs of the child</p>

<p>Engagement avoidance behaviours frequently seen. In early years this looks like a child who is struggling to settle, focus or choose anything of significant value and may look like sporadic, impactful behaviour on the other children. It may also look like a very withdrawn child who finds no pleasure in accessing the provision, despite accessing consistent 1:1 planned provision using advisory service advice and guidance</p> <p>A constant high level of support needed to ensure safety needs of self and/or others, provide access to planned and focussed provision as well as ongoing targeted support with social/emotional/self-help/communication needs in line with advisory service guidance</p> <p>Likely to explore and engage with equipment and the room in a solely sensory led way</p>	<p>An EHCP may be in place to recognise the child's needs and provision required to meet them</p> <p>SALT Communication Plan (if known to SALT)</p> <p>Engagement Model likely required for FS2 learners transitioning to Year 1</p>		
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Social, Emotional, Mental Health
3A/B Emotional Regulation & Mental Health

Universal Descriptor Level 1	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment
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The child shows low level, infrequent social and emotional mental health difficulties which occasionally interrupt access to play and learning in the provision/setting. The child’s needs are met within their Early Years provision and through quality first teaching.

<p>Low level/low frequency of social and emotional mental health difficulties which interrupt learning/ play in some situations. May include:</p> <p>Difficulty in following/co-operating with established routines at an age-appropriate level</p> <p>Occasional refusal to follow reasonable requests</p> <p>Occasionally requires adult support to refocus engagement</p> <p>Occasional difficulties playing alongside others, working in groups, sharing and/or taking turns including waiting for their turn.</p> <p>May be working at developmental levels lower than peers</p>	<p>Assessment Part of normal setting assessments.</p> <p>Recognition of learning styles and motivational levers</p> <p>One Page Profile in place</p> <p>Planning</p> <p>Parental and child voice is included in assessment and planning</p> <p>Parents involved regularly and support targets at home</p> <p>Information gained from the two year</p>	<p>Adjustments to Teaching Methods: Staff should consider and implement as appropriate</p> <ul style="list-style-type: none"> • Use a multi-sensory, differentiated approach • Offer support and reassurance • Respond where possible to child interest • Model, teach and role play expectations and behaviours whilst creating opportunities for guided practice, e.g. practicing waiting. • Modify level/pace/amount of teacher talk to child’s identified developmental stage • Teaching approaches should take account of the difficulties in the understanding of social rules and expectations within the classroom. Regular class work with an emphasis on relationships, emotions, social skills, conflict resolution • Increased emphasis on identifying and teaching to preferred learning style and developmental stage <p>Grouping:</p> <ul style="list-style-type: none"> • Mainstream setting with attention paid to organisation and child groupings • Nurturing classroom approaches including opportunities to take on additional responsibilities • A quiet area in the setting may be useful for individual work 	<p>Additional advice and support is available from:</p> <p>Consultation with other colleagues in setting</p> <p>Senior in room / Base or Room Manager</p> <p>Parent voice</p> <p>GP referral to medical services e.g. assessment for hearing</p> <p>SENCo/ Setting Manager/ key person</p> <p>Locality SENCo or other SENCo with experience of similar needs</p>
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<p>Underdeveloped social skills may create difficulties in getting along with others:</p> <p>Some difficulties forming positive relationships with peers and/or practitioners</p> <p>Possibly isolated or withdrawn</p> <p>Some indicators of stress/anxiety in specific situations linked to unpredictable/ inconsistent scenarios</p>	<p>progress check. If this did not happen then ensuring basic checks have been made.</p> <p>Baseline assessment on arrival and progress against these levels</p> <p>Observation schedules that capture skills linked to communication skills, ability to regulate and the child's wellbeing</p> <p>Wellbeing scales</p> <p>Information capture regarding possible Adverse Childhood Experiences</p>	<ul style="list-style-type: none"> • Create opportunities to work with positive role models • On-going opportunities for group and 1:1 support focused on specific developmental goals • Opportunities for quieter times and adult led/structured play • Opportunities to practice taught/modelled skills across the whole day, e.g. lunch, small group session, arrival <p>Resources:</p> <ul style="list-style-type: none"> • Additional processing time and time allowed to complete a task • Short term, adult led individual support focusing on listening, concentration, social skills • Preparation for any change and the need for clear routines including transition • Communicate in print/visual timetable <p>The use of positive targeted strategies that might include:</p> <ul style="list-style-type: none"> • Child profile • setting led observation • Reward systems involving regular monitoring and support • Home / Setting Communication Book • Visual systems/timetables • Opportunities to develop friendship groups • Low stimulus sensory area 	<p>Health Visitor</p> <p>Sheffield Local Offer for information and support for parents https://www.sheffielddirectory.org.uk/kb5/sheffield/directory/advice.page?id=eK8U82VhBqk</p> <p>Parent Carer Forum https://sheffieldparentcarerforum.org.uk/</p>
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Targeted Descriptor Level 2	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
The child shows low level social and emotional mental health difficulties which interrupt play and learning within the provision/setting. The child's needs are met within their Early Years provision through quality first teaching and the use of positive and personalised targeted strategies.			
<p>Occasional difficult, demanding or concerning social and emotional mental health related behaviours which may interrupt learning in some situations. Could include:</p> <p>Emerging, frequent patterns of reluctance to following reasonable instructions / requests</p> <p>Continued difficulties following familiar routines</p> <p>Struggles to maintain concentration to activities of interest without some adult support</p> <p>Difficulties accepting the need to share resources/space/adult attention and/or turn take</p> <p>Possible developmental delay in other areas e.g. communication and language or PSED</p>	<p>Assessment Sheffield Baseline Assessment Tool where appropriate for developmental age</p> <p>Practitioner and parent goals and outcomes set for behaviour/social skills in line with setting policy</p> <p>Child voice gained through appropriate resources, e.g. Bear Cards, What Children Need cards, staff/ parent observations, visuals ranking experiences</p> <p>Identification of triggers and solutions (e.g. ABC Plan or behaviour plan)</p>	<p>As Level 1 (QFT), and including Wave 2 interventions and...</p> <p>Adjustments to Teaching Methods: Staff should consider and implement as appropriate</p> <ul style="list-style-type: none"> • Mainstream setting with attention paid to organisation and child groupings • Increased differentiation by presentation and/or outcome linked to developmental age • Consideration of differentiated curriculum that allows flexibility to teach according to emotional needs, not chronological age, using approaches such as play, creative activities • Simple adjustments made by adults for difficult times of the setting day <p>Grouping:</p> <ul style="list-style-type: none"> • Opportunities for small group work on identified need e.g. listening / thinking / social skills. • Create planned opportunities to work alongside adults and/with positive role models • Opportunities for skill reinforcement/revision/transfer and generalisation • Regular small group work with an increasing emphasis on relationships, emotions, social skills, conflict resolution <p>Resources:</p> <ul style="list-style-type: none"> • Time limited mainstream setting programme of support, which relates to setting led assess, plan, 	<p>Additional advice and support from Local Authority services is available from:</p> <p>Speech and Language therapy consultation / drop-in including parental drop-in sessions</p> <p>MAST consultation</p> <p>GP</p> <p>Health Visitor</p> <p>Locality SENCo Networks</p>

<p>Emerging patterns of low-level stress or anxiety may be apparent</p> <p>Limited ability to express and regulate thoughts and feelings in a developmentally appropriate way</p> <p>Underdeveloped social skills may create difficulties in getting along with others:</p> <p>Some difficulties forming positive relationships with peers and/or practitioners</p> <p>Possibly isolated or withdrawn</p> <p>Poor attendance</p> <p>Some difficulties forming friendships (0-3 years) or extending play with one or more other children (3-4 years)</p> <p>Emerging patterns of low-level stress or anxiety may be apparent</p> <p>Occasional signs of aggression, reluctant or confrontational behaviours with peers and/or staff</p>	<p>Team Around the Family meetings include involved outside agency professionals (inc. Virtual Schools) that unpick the child's history</p> <p>Holistic assessment of needs, e.g. Learning and Cognition, Communication and Interaction assessments, e.g. Locke and Beech</p> <p>Analysis and formulation of data (e.g. behaviour types, triggers and areas of difficulty, uses of reasonable adjustments to avoid scenarios identified difficult scenarios)</p> <p>Monitor attendance and lateness – e.g. consistent lateness, absence</p> <p>IT Kit</p>	<p>do and review systems e.g. personal reward system / report cards</p> <ul style="list-style-type: none"> • Small group work to learn appropriate behaviours and for associated learning difficulties • A quiet area in the classroom may be useful for individual work or timeout • Individual programme based on specific need • Time-limited programmes of small group or 1:1 work based on identified need linked to emotional literacy based targets • Strategies taught and developed alongside child and shared with setting staff, parent/carer – staff implement and follow these consistently • Focused and appropriate CPD for key staff working with child <p>The use of positive targeted strategies that might include:</p> <ul style="list-style-type: none"> • ABC charts • Child profile • Observation schedules • Personalised reward systems involving regular monitoring, feedback and support • Monitoring diaries, e.g. tracking a child's day session by session/activity by activity • Use of behaviour targets within the setting, prompt cards • Lunchtime club • Regular small group work/resilience, concentration skills/ social skills/listening skills/conflict resolution • Short-term individual support • Support that uses solution focused/motivational approaches • Develop friendship groups, buddies and/or mentor use 	
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		<ul style="list-style-type: none">• Access to additional circle time activities, e.g. SEMH focused interventions such as Bears' Group, emotional literacy intervention, Zones of Regulation <p>Planning</p> <ul style="list-style-type: none">• Parents involved regularly and support targets at home• Childs involved in setting and monitoring their own targets, and the child's responses to social/ learning environment actively inform the cycle of IEP/PEP• Additional steps and adjustment are taken to engage child and parents as appropriate• Effective communication systems are in place which enable all parties involved to provide consistent support for the child<ul style="list-style-type: none">• Opportunities to experience positive interactions linked to set goals/ outcomes	
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Bespoke Descriptor Level 3	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
<p>The child shows frequent social and emotional mental health difficulties which interrupt their own and possibly others' play/learning in a range of situations. The child's needs are met using a combination of approaches, including small group, focus interventions and 1:1 individualised support, in and out of the setting following support and advice from advisory services as appropriate. Holistic assessment of the child's needs is undertaken to ascertain whether there are underlying developmental, cognitive and/or communication needs.</p>			
<p>Social, emotional and mental health difficulties are frequently observed and are intense in nature. Use of Wave 1 and 2 interventions have been limited in success, necessitating a more personalised holistic curriculum which has been planned alongside professionals from outside agencies. Frequently finds complying to staff and peer requests/and established routines very difficult. Unable to express and regulate thoughts and feelings in a developmentally appropriate way Struggles to initiate and engage in activities of interest alongside</p>	<p>As for level 1 and 2 whilst including - Use of assessment tools, e.g. Boxall, SDQ, sensory checklists, PIVATS, communication screens. Reward systems involving regular monitoring and support A My Plan may be in place to draw together information, advice, aspirations and planned outcomes Review of measurable progress against targets in IEP/PEP</p>	<p>As for level 1 and 2 whilst also including - Adjustments to Teaching Methods: Staff should consider and implement as appropriate</p> <ul style="list-style-type: none"> • Daily access to skilled staff and/or provision in setting with experience of SEMH, e.g. behaviour support worker, lead behaviour professional, SENCo, Learning Mentor, trained pastoral teams, Senior Early Years Practitioner. The additional adult, working with the teacher, supports the child to develop strategies and skills • Trusted adults offer support at vulnerable times using pre-agreed strategies • Flexible, pre-agreed approaches are used by all staff and the child, e.g. the use of a sensory break / soothing space e.g. dark den as a means of self-regulation and/or sensory breaks at planned intervals within the day or adult led at appropriate times • Personalised reward and/or high level positive recognition systems are known by all staff in setting and are implemented consistently across the setting 	<p>Additional specialist support should be sought from from Local Authority services:</p> <p>EPS: Consultation and possible referral</p> <p>0-5 SEND Support Service</p> <p>Speech and Language Therapy</p> <p>MAST</p> <p>GP</p> <p>Child and Adolescent Mental Health Service (CAMHS)</p> <p>Ryegate Children's Centre if difficulties</p>

<p>peers in a developmentally appropriate manner</p> <p>Aggression towards peers and/or staff</p> <p>Significant difficulties with social interaction-deteriorating relationships with adults and/or peers. May include:</p> <p>Inappropriate language/ communication /behaviours may be chosen for effect despite adult intervention</p> <p>Inappropriate and/or risk-taking behaviours are used in the setting</p> <p>Instances of aggressive/violent behaviour increase in frequency and severity</p> <p>Withdrawn – requires adult support to engage in activities</p> <p>Motivating factors have limited impact in supporting the child to adapt their behaviours/ engagement</p> <p>Praise and success may be difficult to accept</p>	<p>Pastoral/ Behaviour Support Plan</p> <p>Positive Handling Plan written collaboratively with parent</p> <p>Early Help/ Multi-agency planning processes specify contribution of individual services and lead practitioner.</p>	<ul style="list-style-type: none"> The parent is actively involved in monitoring progress towards targets <p>Grouping:</p> <ul style="list-style-type: none"> Mainstream setting with regular targeted small group support e.g. child accesses setting based provision with appropriate training and organisation, underpinned by nurture principles Increased access to a combination of individual, small group and whole class activities to promote and develop social skills, emotional regulation and self-esteem, as well as experience positive interaction with peers and adults, in order to address SEMH targets Tasks and presentation are personalised to address child’s needs 1:1 teaching for the introduction of new concepts and the reinforcement of classroom routines and expectations may be used Personalise the day, consider alternatives to the structure of the day and the provision currently offered. The structure, routine and expectations of the setting / timetable are managed carefully between setting and the family to support the child in being able to access it <p>Resources:</p> <ul style="list-style-type: none"> In addition to the provision at level 1/2, identified daily support to teach social skills/dealing with emotions to support the behaviour learning targets. At secondary, this may take the form of daily check in and mentoring from a senior leader or key pastoral worker 	<p>require neurological needs assessment</p> <p>Locality SENCo Networks</p> <p>Professionals offering therapeutic services</p> <p>School Readiness Pathway Team</p> <p>Specialist Training:</p> <p>Staff training in restorative approaches / attachment and trauma / PDA / therapeutic approaches</p> <p>Staff training is specific towards the child’s needs and staff have opportunities to be involved in reflective practice</p>
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<p>Emerging behaviours which may be harmful to themselves, e.g. anxiety behaviours such as head-banging out of frustration, hand biting etc</p>		<ul style="list-style-type: none"> • Outreach advice is used in the provision offered to the child • Small steps targets within group programmes and/or 1:1 work tasks, e.g. solution focused / restorative practice / motivational approaches / therapeutic approaches • Personalise the day, consider alternatives to the structure of the day and the lessons currently offered • Consideration of an alternative, differentiated curriculum that allows flexibility to teach according to emotional needs, not chronological age, using vehicles such as IT, play, creative activities • Modifications to timetable may include, e.g. meet and greet, delayed start time, adjustment to access arrangements • A safe space is planned and key / 'safe' adults are identified, all staff working with the child are aware of these arrangements – a plan is in place • Plans created alongside Educational Psychologist (e.g. MAP or equivalent) may be used by child and staff 	
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Bespoke Descriptor Level 4	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
The child consistently shows social and emotional mental health difficulties which impact on their ability to access a play/learning environment without highly personalised support. The child's needs are met using a highly personalised approach which will draw on support and advice from advisory service professionals. This will include access to a completely bespoke timetable that is planned to allow appropriate focus towards meeting specific needs through planned outcomes and provision.			
<p>Difficulty managing emotional responses leading to challenging, demanding or concerning behaviour. Behavioural incidents and fixed term exclusions increasing, leading to a high risk of permanent exclusion</p> <p>Sustained difficulties with engaging in provision</p> <p>Inability or complete refusal to follow setting routines and instructions</p> <p>Planned and individual motivational factors have little or no impact on the child's ability to monitor their own engagement and behaviour</p> <p>Severe difficulties in forming and sustaining positive relationships/ interacting appropriately with adults and/or peers</p>	<p>As for Levels 1, 2 and 3 whilst also including - Increased involvement of a range of professionals</p> <p>An increased range of individualised assessment is in place that allows support to be focused on specific needs and outcomes</p> <p>A My Plan or EHCP may be in place to recognise the child's needs and provision required to meet them Access to additional resources is sought. E.g. Locality's High Needs Funding at FS2, Inclusion Grant</p>	<p>As for level 1, 2 and 3 whilst also including -</p> <p>Adjustments to Teaching Methods: Staff should consider and implement as appropriate</p> <ul style="list-style-type: none"> • The child is supported in those timetabled activities that they do attend • 1:1 / group work addresses targets as outlined on child's My Plan/EHCP • Daily implementation of approaches towards meeting the individual's SEMH targets which have been identified through the use of appropriate assessment data, e.g. SCERTS, Boxall, SDQ, B² or Locke & Beech • Meet and greet, delayed start time, adjustment to access arrangements <p>Grouping:</p> <ul style="list-style-type: none"> • Access to a completely bespoke timetable, designed to mitigate possible triggers which leads to increased success with regard to engagement, access and resilience • Child supported for a significant amount of the time in small groups or individually outside of the mainstream curriculum and away from the mainstream setting – where they are able to experience success supported by a member of staff 	<p>Additional specialist support should be sought from: Local Authority SEND Manager</p> <p>Educational Psychology Service</p> <p>0-5 SEND Support Service</p> <p>Primary Inclusion Panel at Foundation Stage 2</p> <p>SALT</p> <p>MAST</p> <p>GP</p> <p>CAMHS</p> <p>Ryegate – Neurodisability Assessment e.g. for possible ADHD</p>

<p>Refusal to access base despite provision at level 3 in place and established</p> <p>Increasing patterns of behaviour which place themselves or others at risk of serious harm e.g.</p> <p>Uncommunicative, significantly withdrawn, struggles to contribute - or may cling to known adults</p> <p>Significantly withdrawn – very reluctant to engage in activities despite planned interventions or communicate with known staff</p> <p>Violence towards others</p> <p>Crisis behaviours escalate rapidly due to fluctuating triggers and may result in behaviours which are harmful to themselves, e.g. head banging/biting self, running / absconding or other extreme attachment/anxiety led behaviours</p>	<p>(if known to Autism Team/ 0-5 SEN, Hearing or Visual Impairment Team) or DAF if classed as medium/ high DLA funded.</p>	<ul style="list-style-type: none"> Planned opportunities are provided for the child to be included with peers where the child is able to experience success <p>Resources:</p> <ul style="list-style-type: none"> The child has access to staff with experience and training in meeting the needs of students with SEMH, working on modified holistic curriculum tasks and key skills – including structured interventions as advised by external agencies or led by outreach services, e.g. Rowan Outreach Setting led nurture environments used (if available) Access to specialised SEMH provision – alternative provision, therapeutic support services, counselling, out of setting family support 	<p>Locality SENCo Networks</p> <p>Professionals offering therapeutic services</p> <p>School Readiness Pathway Team</p> <p>Other advisory services as appropriate</p> <p>Specialist Training: Staff training in restorative approaches / attachment and trauma / PDA and Positive Handling Strategies (Team Teach approaches), Nurture and Theraplay</p>
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Bespoke Descriptor Level 5	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
<p>The child shows severe and persistent social and emotional mental health difficulties which impact on their ability to access a play and learning environment without a highly personalised support and environment. The child's specified outcomes are likely met within a highly specialised setting alongside agreement with Outside Agency advice, parents, Local Authority SEN Manager and setting staff.</p>			
<p>Pervasive SEMH issues which lead to difficulty managing emotional responses and result in extremely challenging, demanding or concerning behaviour. This affects their own safety or that of others.</p> <p>Behavioural incidents (and fixed term exclusions) have increased despite appropriate provision made at Level 4.</p> <p>High risk of permanent exclusion</p> <p>Setting refusal</p> <p>Inability or complete refusal to follow setting routines, instructions or access timetable.</p> <p>Mainstream setting has a detrimental effect on health and well-being</p> <p>Agreement from Outside Agency professionals, Local Authority representatives and</p>	<p>As for level 1, 2, 3 and 4 whilst including -</p> <p>Child's needs are either known or under active assessment. A range of appropriate professionals are involved.</p>	<p>As for level 1, 2, 3 and 4 whilst also including -</p> <ul style="list-style-type: none"> • Child accesses a highly specialist (in most cases hub led) SEMH provision <p>Adjustments to Teaching Methods:</p> <p>Staff should consider and implement as appropriate</p> <ul style="list-style-type: none"> • A high staff:child ratio enabling access to a personalised holistic curriculum and timetable • Specific, specialist provision to target identified SEMH needs <p>Grouping & Resources:</p> <ul style="list-style-type: none"> • The child accesses a completely individualised curriculum • Small group working with highly skilled staff • Planned opportunities to access specific individual programmes of support, where the child's needs allow them to do so, are used to target particular outcomes 	<p>Additional specialist support should be sought from:</p> <p>Local Authority SEND Manager</p> <p>Primary Inclusion Panel at Foundation Stage 2</p> <p>EPS</p> <p>0-5 SEND Support Service</p> <p>Speech and Language Therapy</p> <p>MAST</p> <p>GP</p> <p>Child and Adolescent Mental Health Service (CAMHS)</p> <p>Ryegate Children's Centre if appropriate</p>

<p>staff that the child requires access to specialist provision</p> <p>Increasing patterns of behaviour which place themselves or others at risk of serious harm e.g. Violence towards peers and staff</p> <p>Crisis behaviours escalate rapidly due to fluctuating triggers and may result in behaviours which are extremely harmful to themselves, e.g. head banging/biting self, running / absconding or other extreme attachment/anxiety led behaviours</p> <p>Severe and sustained targeting of peers and peer groups despite significant, planned and focused support in place with support from advisory services</p> <p>Refusal/unable to communicate despite established and significant personalised support in place with support from advisory services</p> <p>Significantly withdrawn or avoidant towards others impacting on their ability to engage or acquire skills across their profile</p>			<p>Locality SENCo Networks</p> <p>Professionals offering therapeutic services</p> <p>School Readiness Pathway Team</p> <p>Specialist Training: Staff training in restorative approaches / attachment and trauma / PDA / Positive Handling Strategies / Team Teach</p>
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4A Sensory and/or Physical Needs - Visual Impairment

NB - The professional judgement of a Qualified Teacher of Visual Impairment (QTVI) should be applied as necessary to decide on the classification of the visual impairment. For example, a child may have a mild reduction in visual acuity but be functioning within a different visual category due to an additional ophthalmic condition e.g. nystagmus, visual field reduction, cerebral visual impairment, and/or additional learning difficulties.

Universal descriptor Level 1	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
<p>The child is diagnosed as having a mild vision loss or loss due to CVI or other visual factors. The child can access learning with some modifications needed to the delivery of teaching and presentation of materials. Environmental factors will need to be considered.</p>			
<p>Vision loss is classified mild, and/or NATSIP Criteria Score: 15-19%</p> <p>Exemplar behaviours:</p> <p>The child may appear to ‘switch off’ in a large group.</p> <p>The child may bring books and other learning resources near to their face to view at close range.</p> <p>The child may come up close to adult or child who is speaking.</p> <p>The child may have jerky eye movements.</p> <p>The child may not make eye contact.</p>	<p>Setting may notice difficulties and recommend a vision assessment through the optician.</p> <p>Child’s voice</p> <p>Parent/Carer voice</p>	<p>Adjustments to Teaching Methods:</p> <ul style="list-style-type: none"> • The child needs to wear his/her glasses if prescribed, these should be regularly cleaned. • The child needs to sit where they can see and hear well. • They need to be in a ‘vision friendly’ learning environment which is not too cluttered or ‘visually busy’. • Individualised advice from the Qualified Vision Support Teacher (QTVI) needs to be implemented in the setting <p>Support provided by the VS team. This may include:</p> <ul style="list-style-type: none"> • Annual visit from a QTVI to assess functional vision in the early years setting, advice given on reasonable adjustments that enables access to the full range of the EYFS curriculum. • Updated learner profile in place to support full access and inclusion. 	<p>Additional advice and support is available from:</p> <p>Vision Support Service</p>

The child may turn or tilt their head when looking.		<ul style="list-style-type: none">• CPD training offer taken up by setting to raise awareness of different types of vision impairment and strategies to reduce barriers to learning.	
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Targeted descriptor Level 2	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
<p>The child is diagnosed as having a moderate vision loss or loss due to CVI or other visual factors. The child's needs are met through access to the learning environment with some modifications to teaching style and the use of some resources as directed by the VS team. Environmental factors will need to be considered.</p>			
<p>Vision loss is classified mild/moderate, and/or NATSIP Criteria Score: 20-29%</p> <p>Exemplar behaviours:</p> <p>The child may appear to 'switch off' in group situations.</p> <p>The child may look above, below or off to one side of an object, rather than directly at it.</p> <p>The child may bump into objects or fall over them.</p> <p>The child may show no interest in books, TV, computers or the interactive whiteboard.</p> <p>The child may be reluctant to go outdoors or tend to stay close to adults when outdoors.</p>	<p>As for Level 1 whilst including - Assessment of functional vision and consultancy by a QTVI from the Vision Support Service.</p> <p>Outside agencies' advice and recommendations</p> <p>A monitoring system should be in place to assess child's need, identify outcomes, implement support, and monitor and evaluate progress.</p> <p>Updated learner profile in place to support full access and inclusion.</p>	<p>As for Level 1 whilst also including -</p> <p>Adjustments to Teaching Methods:</p> <ul style="list-style-type: none"> • The child may require assessment and advice from a Qualified Habilitation Specialist (QHS) and a short programme of mobility training at transition points. • Additional resources provided by the Vision Support Service should be used. • The child may need more time to complete tasks. <p>Resources:</p> <ul style="list-style-type: none"> • Low vision devices such as a magnifier. • Low-tech equipment such as a black marker pen/6B pencil or raised board. <p>Support provided by the VS team:</p> <ul style="list-style-type: none"> • At least one annual visit from a QTVI to assess functional vision in the early years setting, advice given on reasonable adjustments that enables access to the full range of the EYFS curriculum. • CPD training offer taken up by setting to raise awareness of different types of vision impairment and strategies to reduce barriers to learning. 	<p>Additional advice and support is available from:</p> <p>Vision Support Service</p> <p>Learning Support</p>

Bespoke descriptor Level 3	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
<p>The child is diagnosed as having a moderate/severe vision loss or loss due to CVI or other visual factors. The child may need to use low vision devices or assistive technology to enable them to access the curriculum. The child may access short programmes of habilitation training where necessary to ensure age related levels of independence are maintained.</p>			
<p>Vision loss classified as moderate. and/or NATSIP Criteria Score: 30-49%</p> <p>Exemplar behaviours:</p> <p>The child may present as hesitant moving around the setting, particularly where there are changes in floor surface, level, or gradient and if there is a change in layout.</p> <p>The child may struggle to find their peers or have difficulty making friends.</p> <p>The child may choose to sit away from windows and/or light sources and/or display a sensitivity to light.</p>	<p>As for Level 1 and 2 whilst including -</p> <p>Regular assessment of functional vision, monitoring of progress and access to the full range of the EYFS curriculum by a QTVI.</p> <p>Targeted intervention programmes may be necessary to develop skills in the visual aspects of the EYFS curriculum and the VI curriculum.</p> <p>May use the 'Developmental Journal for Babies and Young Children</p>	<p>As for Level 1 and 2 whilst including -</p> <p>Adjustments to Teaching Methods:</p> <ul style="list-style-type: none"> • The child may need assistive technology to access everyday learning tasks and or large print learning resources to enable full access to EYFS curriculum. • Differentiation will be necessary i.e. pace of learning, sensory breaks and visual presentation of learning materials, equality of access may mean that they need to do some things differently. • The child may require assessment and advice from QHS and may need a programme of mobility training. • An environmental audit will be necessary to assess the accessibility of the setting's environment. • The child always has their own copy of all learning resources which are clear and produced in specified font. 	<p>Additional advice and support is available from:</p> <p>Advice and support provided by the Vision Support Service (may include provision of low vision devices and/or assistive technology)</p> <p>Educational Psychology Service</p> <p>Early Years Inclusion Team</p> <p>Speech & Language Therapy</p> <p>Learning Support Teacher</p>

<p>The child may show little/no interest in books or other visual resources.</p> <p>The child may be wary or reluctant to access the outdoor environment or busy areas of the early years provision.</p> <p>The child may present as hesitant when in a new or unfamiliar environment.</p>	<p>with a Vision Impairment' to monitor development.</p> <p>Parent/Carer voice (may include a structured conversation).</p> <p>Multi agency planning.</p> <p>Outside agency advice and recommendations are followed.</p> <p>Assess, Plan, Do, Review using SEN documents regularly reviewed.</p> <p>A My Plan may be in place to draw together information, advice, aspirations, and planned outcomes.</p>	<ul style="list-style-type: none"> • Child is taught strategies and provided with resources to assist with the development of independent learning. <p>Resources</p> <ul style="list-style-type: none"> • Large print resources • Assistive technology may be used to access EYFS curriculum tasks. • Access to ICT such as an additional monitor or iPad linked to the interactive whiteboard or enlarged print electronic resources on iPad may be a consideration. <p>Support provided by the VS team:</p> <ul style="list-style-type: none"> • Up to 6 visits in an academic year from a QTVI to assess and advise on access to all curriculum areas. Vision Support Service provide assistive technology when appropriate to support independent access to the EYFS curriculum. A short programme of work to deliver an area of VI curriculum where necessary. • A referral to a QHS for an assessment where necessary, and a short programme of habilitation training if appropriate, to ensure age related levels of independence are maintained in mobility, orientation and self-care skills. Re-referral to the QHS for further intervention as needed over time. • CPD training offer taken up by setting to raise awareness of different types of vision impairment and strategies to reduce barriers to learning. 	
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Bespoke descriptor Level 4	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
<p>The child is diagnosed as having a severe vision loss or loss due to CVI or other visual factors. The child will require significant adaptations of materials and is likely to need assistive technology to enable access to the curriculum. The child will require formal ongoing instruction to enable them to live as independently as possible, as directed by the VS team.</p>			
<p>Vision loss is classified as severe, and/or NATSIP Criteria Score: 50-69%</p> <p>Exemplar behaviours:</p> <p>The child is likely to explore their environment in a tactile way, feeling for objects instead of looking with their eyes.</p> <p>The child may hold objects in a particular position and very close to view and/or approach adults/peers very close to view faces.</p> <p>The child may regularly gaze at a light source or alternatively avoid bright light by closing their eyes or dropping their head.</p> <p>The child is likely to be startled or become distressed by</p>	<p>As for Level 1, 2 and 3 whilst including –</p> <p>Bespoke VI specific Support Plan likely.</p> <p>Use of the ‘Developmental Journal for Babies and Young Children with a Vision Impairment/and Complex Needs’ to monitor development.</p> <p>A My Plan or EHCP will be in place to support the child.</p>	<p>As for Level 1, 2 and 3 whilst including –</p> <p>Adjustments to Teaching Methods:</p> <ul style="list-style-type: none"> • All of the above in Levels 1 to 3 but the child will also need adaptation and modification of every day learning resources for all subjects into appropriate medium (i.e. large print, braille) • Formal ongoing instruction in the development of mobility and orientation skills and independence training will be necessary. • Teaching of long cane skills may be required. Practitioners in the setting are likely to need appropriate training to support as a sighted guide. • The child may need specialist support in some areas of the EYFS curriculum. • The child will be working with large print learning resources, additional differentiation is necessary i.e. pace of learning, teacher expectations and learning outcomes. • Good communication between the teacher in the early years setting and the QTVI is essential to consider lesson planning and assessment to 	<p>Additional advice and support is available from:</p> <p>Advice and support provided by the Vision Support Service – will include regular teaching from a QTVI and may include specialist TA support.</p> <p>Educational Psychology Service</p> <p>Early Years Inclusion Team</p> <p>Speech & Language Therapy</p> <p>Physiotherapy</p> <p>Occupational Therapy</p> <p>Learning Support</p>

<p>sudden noises or a sudden change in other sensory experiences.</p> <p>The child may have a reluctance to explore through touch or be selective in what they will/will not explore in a tactile way.</p> <p>The child is likely to struggle to interact with peers and form relationships.</p> <p>The child is likely to present as hesitant moving around the setting, particularly where there are changes in floor surface, level, or gradient and if there is a change in layout.</p> <p>The child is likely to be wary or reluctant to access the outdoor environment or busy areas of the early years provision.</p> <p>The child is likely to present as hesitant when in a new or unfamiliar environment.</p>		<p>ensure the child has full access to all aspects of learning.</p> <ul style="list-style-type: none"> • The child should be given regular opportunities throughout the day to facilitate development of their social skills, Practitioners in the setting should create regular opportunities for peer–peer interaction. <p>Resources</p> <ul style="list-style-type: none"> • Large print or possible use of braille. • Resources to develop independent self -care skills as directed by the VS team. • ICT equipment is provided such as an additional monitor or iPad linked to the interactive whiteboard ensures full access to learning in a way that does not disadvantage the child. i.e. the child is seated within the class group <p>Support provided by the VS team:</p> <ul style="list-style-type: none"> • The child will access a local mainstream setting. • Weekly visits from a QTVI to assess functional vision, advise on inclusive teaching strategies and delivery of intervention teaching to ensure the child is developing effective strategies and skills to access learning and make adequate progress across all areas of EYFS curriculum. Additional specialist TA support may be necessary to reinforce use of specialist skills working under the direction of the QTVI. 	<p>Special Educational Needs Team</p>
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		<ul style="list-style-type: none">• Provision of modified, adapted large print EYFS curriculum resources as developmentally appropriate.• Peer awareness sessions offered to ensure peer group support.• A referral to a QHS for an assessment and a short programme of habilitation training when necessary to ensure age related levels of independence are maintained in mobility, orientation and self-care skills. Re-referral to the QHS for further intervention as needed over time.• CPD training offer taken up by the setting to raise awareness of different types of vision impairment and strategies to reduce barriers to learning for children with a vision impairment. Bespoke training to raise awareness of supporting a child with a severe vision impairment, strategies to reduce barriers to learning, to promote a tactile and a multi-sensory approach to learning and use of habilitation skills and assistive technology if in place.	
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Bespoke descriptor Level 5	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
<p>The child is diagnosed as having a profound vision loss or loss due to CVI or other visual factors. The child needs all aspects of the EYFS curriculum to be significantly differentiated and will access specialist multisensory learning resources. The child's needs require additional teaching of a specialist curriculum by the QTVI and QHS. The child will need ongoing formal instruction in the development of mobility, orientation and independent self-care skills. Adults will support as necessary to meet health and safety needs and risk management.</p>			
<p>Vision loss is classified as profound. and/or NATSIP Criteria Score: 70%+</p> <p>Exemplar behaviours:</p> <p>The child will explore their environment in a tactile way, feeling for objects instead of looking with their eyes.</p> <p>The child is likely to be startled or become distressed by sudden noises or a sudden change in other sensory experiences.</p> <p>The child is likely to be selective in what they will/will not explore in a tactile way.</p>	<p>As for Level 1, 2, 3 and 4 whilst including –</p> <p>Planned regular reviews including the parent and child should take place, i.e. at least termly</p>	<p>As for Level 1, 2, 3 and 4 whilst including –</p> <p>Adjustments to Teaching Methods:</p> <ul style="list-style-type: none"> • Regular consultation with the QTVI about delivery of the EYFS curriculum to ensure the child can fully access all areas of learning. Personalised differentiation and adaptation to all areas of the EYFS curriculum, with high levels of specialist teaching and support. • The child will need ongoing instruction in the development of mobility, orientation, and independent self-care skills. • The teaching of long cane skills is likely to be introduced when developmentally appropriate. Practitioners in the setting will need appropriate training, also to support as a sighted guide. • A high level of adult specialist support will be necessary to enable access to all aspects of EYFS curriculum and setting life including health and safety and risk management. 	<p>Additional advice and support is available from:</p> <p>Vision Support Service Provision is detailed in bespoke VI specific Support Plan</p> <p>Educational Psychology Service</p> <p>Speech & Language Therapy</p> <p>Physiotherapy</p> <p>Occupational Therapy</p> <p>Special Educational Needs Team</p>

<p>The child will struggle to interact with peers and form relationships.</p> <p>The child will present as hesitant moving around the setting, particularly where there are changes in floor surface, level or gradient and if there is a change in layout.</p> <p>The child will be wary or reluctant to access the outdoor environment, busy areas of the early years provision and new unfamiliar environments.</p> <p>The child may demonstrate rubbing, pushing or poking of their eyes.</p>		<ul style="list-style-type: none"> • The child will be developing pre-braille/braille skills and using tactile learning resources, additional differentiation is necessary i.e. pace of learning, teacher expectations and learning outcomes. • Good communication between the teacher in the early years setting and the QTVI is essential for daily lesson planning and ongoing assessment to ensure the child has full access to all aspects of learning. • Intervention teaching from the QTVI to teach specialist skills alongside the mainstream curriculum. • Specialist TA support in the setting to facilitate access, inclusion, and independent learning opportunities. • The child will be given regular opportunities throughout the day to facilitate development of their social skills, Practitioners in the setting will create incidental opportunities for peer–peer interaction daily as opportunities occur. <p>Resources</p> <ul style="list-style-type: none"> • The child will need concrete objects, first hand experiences and multi-sensory learning resources to access the EYFS curriculum, in addition to pre-braille/braille or MOON, 3D representations and tactile pictures. • The child will have access to resources to develop independent living skills as directed by the VS team. 	
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		<ul style="list-style-type: none"> • ICT equipment that ensures access to learning in a way that does not disadvantage the child. e.g. Sound Buttons, Talking Books, Penfriend (voice recorder) <p>Support from the VS team:</p> <ul style="list-style-type: none"> • The child will access a local mainstream setting. • Weekly teaching from the QTVI to teach the VI curriculum that enables access and progress within EYFS curriculum. Daily specialist support to enable full inclusion and access to learning, social and extra-curricular activities. • Provision and training in the use of modified, adapted pre-braille/braille and tactile curriculum resources. • Peer awareness sessions planned to ensure peer group support. • A referral to a QHS for an assessment and a programme of habilitation training when necessary to ensure age related levels of independence are maintained in mobility, orientation and self-care skills. Re-referral to the QHS for further intervention as needed over time. • Bespoke CPD training planned for the setting to raise awareness of supporting a child with a profound vision impairment, strategies to reduce barriers to learning, to promote a tactile and a multi-sensory approach to learning, use of braille, habilitation skills and assistive technology if in place. 	
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4B Sensory and/or Physical Needs - Hearing Impairment

NB - The professional judgement of a Qualified Teacher of the Deaf (QTOD) should be applied as necessary to decide on the implications of the hearing loss. For example a child may have a moderate to severe hearing loss but be functioning within a different hearing category due to individual communication and access needs and/or additional learning difficulties.

Universal descriptor Level 1	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
The pupil has a classified hearing loss (see descriptor below). The child can access learning with some modifications needed to the delivery of teaching. Environmental considerations will need to be considered.			
<p>Bilateral sensori-neural hearing loss classified as mild with unaided threshold between 0 – 30 dBHL, or mild conductive 0 – 40 dBHL, or an asymmetrical conductive loss.</p> <p>Temporary condition, or history of conductive hearing problems.</p> <p>NATSIP Criteria ≤ 20</p> <p>Exemplar behaviours:</p> <p>The child may appear to ‘switch off’ in a large group</p> <p>The child may have frequent colds/congestion ear infections</p>	<p>Setting may notice difficulties and recommend a hearing assessment via the GP.</p>	<p>Adjustments to Teaching Methods:</p> <ul style="list-style-type: none"> • Make sure the child is sitting where they have a good view of the person talking • Make sure that there are good listening conditions – keep background noise to a minimum • Encourage the children to take turns when speaking • Adapt teaching to take into account possible language delay. Use a targeted approach to teaching new vocabulary. Repetition and reinforcement of new words. Use repetitive language linked to everyday routines. • Put into practice any specific advice given by the specialist teacher (Teacher of the Deaf) <p>Support provided by the HI team:</p> <ul style="list-style-type: none"> • Advice from specialist teacher (Teacher of the Deaf) to assess functional hearing in early years setting, advice given on reasonable adjustments that enables access to the full range of the EYFS curriculum. • CPD training offer taken up by setting to raise awareness of different types of hearing 	<p>Additional advice and support is available from:</p> <p>Advisory support from:</p> <p>Service for Deaf/HI Children</p> <p>Hearing Services</p>

		impairment and strategies to reduce barriers to learning	
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Targeted descriptor Level 2	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
<p>The child has a classified hearing loss (see descriptor below). The child's needs are met through access to the learning environment with some modifications to teaching style and the use of some resources as directed by the HI team. Environmental considerations will also be considered.</p>			
<p>A bilateral sensori-neural hearing loss is classified as mild, with unaided threshold between 21 – 40 dBHL,</p> <p>or unilateral, with hearing loss in excess of 60dBHL in the worse ear.</p> <p>NATSIP Criteria score 21-34</p> <p>Exemplar behaviours;</p> <p>The child may appear to 'switch off' in group situations.</p> <p>They may look around for the source of a sound (unilateral hearing loss) or only turn to one side.</p> <p>The child may appear distressed if there is a lot of background noise.</p>	<p>As for Level 1 whilst including -</p> <p>Assessment of functional hearing and consultancy by a QTOD from the Service for Deaf/HI Children.</p> <p>Child's voice</p> <p>Parent/Carer voice</p> <p>Outside agencies' advice and recommendations</p> <p>Updated learner profile in place to support full access and inclusion.</p>	<p>As for Level 1 whilst also including -</p> <p>Adjustments to Teaching Methods:</p> <ul style="list-style-type: none"> • Make sure the child is sitting where they have a good view of the person talking – they will need to use lipreading clues. • Make sure that there are good listening conditions – keep background noise to a minimum • Encourage the children to take turns when speaking • Use visual aids to help the child understand e.g. pictures, real objects • Adapt teaching to take into account possible language delay. Use a targeted approach to teaching new vocabulary. Repetition and reinforcement of new words. Use repetitive language linked to everyday routines. • Put into practice any specific advice given by the specialist teacher (Teacher of the Deaf) <p>Resources:</p> <ul style="list-style-type: none"> • Make sure the child uses their hearing aids or other listening devices consistently <p>Support provided by the HI team:</p> <ul style="list-style-type: none"> • Annual visit from specialist teacher to assess functional hearing in the setting, advice given 	<p>Additional advice and support is available from:</p> <p>Service for Deaf/HI Children</p> <p>Hearing Services</p> <p>GP</p> <p>Health Visitor</p>

<p>The child may mis-hear and therefore not follow instructions, particularly in background noise</p> <p>The child may appear to pay particular attention to the speaker's face</p> <p>The child may appear to have a limited attention span</p> <p>The child may be quickly fatigued as a result of additional listening and processing demands.</p>		<p>on reasonable adjustments that enables access to all areas of the EYFS curriculum.</p> <ul style="list-style-type: none"> • CPD training offer taken up by setting to raise awareness of different types of hearing impairment and strategies to reduce barriers to learning. This may include checking and troubleshooting of problems with audiological equipment and encouraging a sign friendly environment. 	
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Bespoke descriptor Level 3	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
The child has a classified hearing loss (see descriptor below). The child may need to use assistive technology to enable them access the curriculum. The child accesses short language development programmes where necessary to promote age-appropriate language and communication skills.			
<p>Bilateral sensori-neural Hearing loss is classified as moderate with unaided threshold 41-70 dBHL</p> <p>The loss may have a significant high frequency element.</p> <p>NATSIP Criteria score 35 - 59</p> <p>Exemplar behaviours:</p> <p>The child may appear to ‘switch off’ in group situations.</p> <p>The child may mis-hear and therefore not follow instructions. They may misunderstand or only partially understand information given to them.</p> <p>The child may not respond to being called if the speaker is not in their line of sight.</p> <p>The child may appear to pay particular attention to the</p>	<p>As for Level 1 and 2 whilst including -</p> <p>Regular assessment of functional hearing monitoring of communication development and access to all areas of EYFS curriculum by a QTOD.</p> <p>Targeted intervention programmes may be necessary to promote language and communication development.</p> <p>Child’s voice</p> <p>Parent/Carer voice (may include a structured conversation).</p> <p>Multi agency planning.</p>	<p>As for Level 1 and 2 whilst including -</p> <p>Adjustments to Teaching Methods:</p> <ul style="list-style-type: none"> • Consideration of assisted listening device. • Correct use of radio aid, if one is applied for – wearing transmitter as recommended by the specialist teacher (Teacher of the Deaf) • Be aware of the child’s language levels and adapt the way of speaking as needed. • The child may need extra time to process learning. • For group work, the children should be in a circle or a horseshoe so the child can easily see who is speaking. • The child may need more time to complete tasks and that equality of access may mean that they need to do some things differently • Adapt teaching to take into account possible language delay. Use a targeted approach to teaching new vocabulary. Repetition and reinforcement of new words. Use repetitive language linked to everyday routines. • The child may benefit from some focused language work one-to-one or in small group in a quiet listening environment, as advised by the specialist teacher (Teacher of the Deaf) <p>Resources:</p>	<p>Additional advice and support is available from:</p> <p>The Service for Deaf and Hearing Impaired Children,(may include provision of a radio aid)</p> <p>Educational Psychology Service</p> <p>Early Years Inclusion Team</p> <p>Speech & Language Therapy</p> <p>Hearing Services</p>

<p>speaker's face, and may push to the front in order to see properly.</p> <p>The child may have unclear speech sounds, particularly if it is a high frequency loss. Speech sounds may lack precision and clarity.</p> <p>The child may have restricted vocabulary.</p> <p>The child may get frustrated if they can't make themselves understood. Alternatively, they may seem quiet and withdrawn.</p> <p>The child may watch and copy others rather than responding immediately.</p> <p>The child may be quickly fatigued as a result of additional listening and processing demands.</p>	<p>Where outside agency advice is sought, recommendations are followed.</p> <p>Discussion of assistive technology (e.g. radio aids) and application if necessary.</p>	<ul style="list-style-type: none"> • Make sure the child uses their hearing aids or other listening devices consistently • Use of visual aids to support new learning <p>Support provided by the HI team:</p> <ul style="list-style-type: none"> • Termly or half termly monitoring visits from specialist teacher to assess functional hearing in the setting, and monitor language development. Advice given on reasonable adjustments that enables access to all areas of the EYFS curriculum • Assessment of suitability for assistive technology (e.g. radio aid) and provision if appropriate • CPD training offer taken up by setting to raise awareness of different types of hearing impairment and strategies to reduce barriers to learning. This may include checking and troubleshooting of problems with audiological equipment and encouraging a sign friendly environment. 	
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Bespoke descriptor Level 4	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
<p>The child has a classified hearing loss (see descriptor below). The child’s needs are met through modifications to teaching style, and the use of assistive technology to enable access to the curriculum. The child will require a targeted language development programme as directed by the Service for Deaf/HI Children.</p>			
<p>Bilateral sensori-neural hearing loss is classified as severe with unaided threshold 71-95 dBHL,</p> <p>and/or</p> <p>NATSIP Criteria score 60 – 75.</p> <p>Exemplar behaviours:</p> <p>The child may not respond to being called if the speaker is not in their line of sight.</p> <p>They will be focussed on speakers’ faces and want to be able to have a good view of resources being used in a teaching session.</p> <p>The child will find background noise difficult and struggle to understand in noise.</p>	<p>As for Level 1, 2 and 3 whilst including -</p> <p>Child’s voice</p> <p>Parent/carer voice</p> <p>Outside agencies’ advice and recommendations</p> <p>A monitoring system should be in place to assess CYP need, identify outcomes, implement support and monitor and evaluate progress</p> <p>The setting to complete a My Plan or EHCP to support the child</p>	<p>As for Level 1, 2 and 3 whilst including –</p> <p>Adjustments to Teaching Methods:</p> <ul style="list-style-type: none"> • Communication may include the use of sign supported English (SSE), BSL and other sign strategies may be considered. • The teacher will need to support all new learning with practical and visual aids • Regular consultation with the specialist teacher (Teacher of the Deaf) will help to ensure that delivery of learning ensures the child can fully access all curriculum areas • Adapt teaching to take into account language delay: a targeted approach to teaching new vocabulary; repeat and reinforce new words; use repetitive language linked to everyday routines. • The child may need longer processing time to understand language and learning. • Use early reading approaches that build up understanding and enjoyment of books and stories, and are based on recognising words in the environment. • Teaching of phonics should be discussed with the specialist teacher (Teacher of the Deaf), as this may be particularly difficult a child with hearing loss 	<p>Additional advice and support is available from:</p> <p>The Service for Deaf and Hearing Impaired Children – this will include regular teaching from a Teacher of the Deaf, and may include specialist TA support, and where applied for provision of a radio aid.</p> <p>Educational Psychology Service</p> <p>Early Years Inclusion Team</p> <p>Speech & Language Therapy</p> <p>Hearing Services</p>

<p>The child may be very visual / tactile in their communication, e.g. tapping for attention, gesturing and pointing, using signs.</p> <p>The child may have delayed language and limited vocabulary.</p> <p>The child's speech may be difficult to understand.</p> <p>The child may be physical and tactile in play.</p> <p>The child may get frustrated, upset or angry if they can't make themselves understood.</p> <p>The child may appear withdrawn.</p> <p>The child may watch and copy others rather than responding immediately.</p> <p>The child may be quickly fatigued as a result of additional listening and processing demands.</p>	<p>A language tracker may be used</p>	<ul style="list-style-type: none"> • The child should be given regular daily opportunities for some focussed language one-to-one or in a small group in a quiet listening environment <p>Resources:</p> <ul style="list-style-type: none"> • May require a radio aid to access group learning • Make sure the child uses their hearing aids or other listening devices consistently, and that the equipment is checked regularly • Use of visual and concrete aids to support new learning • Put into practice any specific advice given by the specialist teacher (Teacher of the Deaf) <p>Support provided by the HI team:</p> <ul style="list-style-type: none"> • A language development programme of planned by the QTOD, delivered fortnightly or weekly by QTOD or specialist teaching assistant, to promote and support language development. This may be delivered partly through home visits. • May include use of sign language to support the learning of new vocabulary • CPD training offer taken up by setting to raise awareness of different types of hearing impairment, language development implications, and strategies to reduce barriers to learning • CPD training in day to day checking and trouble-shooting of problems with audiological equipment • CPD to encourage a sign language friendly environment (as appropriate) 	
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Bespoke descriptor Level 5	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
The child has a classified hearing loss (see descriptor below). The child needs sign language to access language and learning. The child needs all aspects of the Early Years Foundation Stage curriculum to be significantly differentiated.			
<p>Bilateral sensori-neural hearing loss is classified as severe with unaided threshold 71-95 dBHL, or profound with unaided threshold in excess of 95 dBHL.</p> <p>There may be evidence of language delay</p> <p>NATSIP Criteria score 75 +</p> <p>Exemplar behaviours:</p> <p>The child will be unaware that someone is speaking to them if they are not watching.</p> <p>They will be focussed on speakers' faces and want to be able to have a good view of resources being used in a teaching session.</p> <p>The child may be very visual / tactile in their communication, e.g. tapping for attention,</p>	<p>As for Levels 1, 2, 3 and 4 whilst including -</p> <p>Child/Young Person voice</p> <p>Parent/carer voice</p> <p>Outside agencies' advice and recommendations</p> <p>A monitoring system should be in place to assess the child's needs, identify outcomes, implement support and monitor and evaluate progress</p> <p>Use of a language programme to monitor language development</p>	<p>As for Levels 1, 2, 3 and 4 whilst including –</p> <p>Adjustments to Teaching Methods:</p> <ul style="list-style-type: none"> • Communication may include the use of sign supported English (SSE), British Sign Language (BSL) or other sign strategies may be considered. • Access to staff with sign language skills as appropriate • Awareness of the impact of hearing loss on social and emotional development • The teacher will need to support all new learning with practical and visual aids • Regular consultation with the specialist teacher will help to ensure that delivery of learning ensures the child can fully access all curriculum areas • Teaching that takes into account language delay: a targeted approach to teaching new vocabulary; repetition and reinforcement of vocabulary; the use of repetitive language linked to everyday routines. • Practitioners should be aware that the child may need longer processing time to understand language and learning. • Early reading approaches that build up understanding and enjoyment of books and stories, and are based on recognising words in the environment. 	<p>Additional advice and support is available from:</p> <p>The Service for Deaf and Hearing Impaired Children – this will include regular teaching from a Teacher of the Deaf, provision of a radio aid if applied for, and may also include specialist TA support</p> <p>Educational Psychology Service</p> <p>Early Years Inclusion Team</p> <p>Speech & Language Therapy</p>

<p>gesturing and pointing, using signs</p> <p>The child may have delayed language and limited understanding of vocabulary.</p> <p>The child may be physical and tactile in play.</p> <p>The child may get frustrated, upset or angry if they can't make themselves understood.</p> <p>The child may be quickly fatigued as a result of additional listening and processing demands.</p> <p>The child may be withdrawn.</p> <p>The child may watch and copy others rather than respond immediately.</p>	<p>The setting will have A MyPlan or EHCP in place to support the child</p>	<ul style="list-style-type: none"> • Any planning teaching of phonics should be discussed with the Teacher of the Deaf. • The child should be given opportunities for some focussed language one-to-one or in a small group in a quiet listening environment <p>Resources:</p> <ul style="list-style-type: none"> • A high level of adult support for learning, health and safety and risk management • In-class support from the Deaf/Hearing Support Service, which may include SSE or BSL <p>Support provided by the HI team:</p> <ul style="list-style-type: none"> • A language development programme planned by the QTOD, delivered fortnightly or weekly by QTOD or specialist teaching assistant, to promote and support language development. This may be delivered partly through home visits. • Advice to staff on the factors affecting the social and emotional development of a child with hearing loss. • CPD training offer taken up by setting to raise awareness of different types of hearing impairment, language development implications, and strategies to reduce barriers to learning • CPD training in day to day checking and trouble-shooting of problems with audiological equipment • CPD to encourage a sign language friendly setting environment (as appropriate). 	
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4. Sensory (Hearing/Vision) and/or Physical Needs

C: Physical

NB - The professional judgement of a Qualified Health Practitioner (e.g. Physiotherapist or Occupational Therapist) should be applied as necessary to decide on the level of physical need. When a child is known to a Sheffield Children's NHS Foundation Trust Physiotherapist or Occupational Therapist they will provide a level of need against the Exemplification Grid.

It is important that all parties explore the impact of a child's physical needs against other areas of the Exemplification Grid and vice versa.

Universal descriptor Level 1	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment
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The child may have a very mild fine and/or gross motor delay. They may be at the lower end of ability range in physical skills for their age group, but overall there is minimal impact on daily functioning. Their physical development can be supported effectively through high quality nursery/childcare provision. With practise and repetition they will develop these skills.

<p>Possible slight delay in motor skills (fine, gross or both) compared to an average child of the same age.</p> <p>Participation: Children will have broadly age appropriate motor skills to participate in nursery and leisure/social activities. Extra adult support may occasionally be required.</p> <p>Mobility: In physical play and or/fine motor activities: · May have some slight difficulties with co-ordination, spatial awareness, and/or fine motor control compared to others of the same age</p>	<p>Observation in a range of contexts & discussion with parents</p> <p>Questions to ask/observe against: Can the child complete the motor tasks expected for their age (including gross motor skills such as sitting, running, jumping and fine motor activities such as pencil skills,</p>	<p>Adjustments to Provision Methods: Nursery/Base staff should consider and implement as appropriate:</p> <ul style="list-style-type: none"> • Adults direct/support child to practise motor activities • Whole provision teaching/access, with targeted adult support. Supportive strategies could include additional modelling, extra praise/encouragement, extra practice, more time (e.g. during functional tasks such as getting shoes/coats on and off), breaking tasks down into smaller steps for the child, opportunities to practise motor skills with distractions minimised, changing objects/materials used (e.g. chunkier, lighter weight, lower height as appropriate) and/or occasional physical help/hand over hand assistance to guide the child in activities they find challenging. 	<p>Additional advice and support is available from:</p> <p>With time and practice any difficulties at level 1 should resolve. For persistent concerns consider whether needs may be at Level 2.</p> <p>Developmental play for under 3s: <u>Ei SMART Developmental Play Leaflets – EI SMART</u></p>
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<ul style="list-style-type: none"> · May be less confident in motor skills relative to peers · May trip and fall a little more than expected for age · May fatigue more quickly than peers in physical play · May give up quickly with fine motor tasks <p>Functional Skills: Has the physical ability to complete most age appropriate self help tasks. May be slower, less accurate or need occasional assistance.</p>	<p>cutlery, threading)?</p> <p>Can they make progress in these skills with appropriate modelling, guidance and time?</p> <p>Is the child confident accessing outdoor play equipment? Observe/ask about tasks and 'observational checkpoints' from the physical development section of Development Matters</p>	<ul style="list-style-type: none"> • Gross Motor skills programmes e.g. targeted support to access playground/soft play equipment <p>Physical Environment: Access to activities/equipment which promote:</p> <ul style="list-style-type: none"> • Fine motor development e.g. tactile sensory play, play dough, beads, pegs, construction toys, scissors, craft activities, varied mark making materials, tongs • Gross motor development e.g. outdoor play equipment, trikes, scooters, push along and ride on toys, play surfaces at a variety of heights, balls, prams, mops/brushes in play based scenarios • Access to life skill orientated learning, e.g. dressing up, cutlery, to allow practise of developmentally appropriate skills, e.g. doing up a zip <p>Resources:</p> <ul style="list-style-type: none"> • Range of pens/pencils/crayons etc, including chunky, triangular and shorter lengths to promote pencil grasp development. • Easi grip scissors / loop scissors / left-handed scissors • Appropriate height seating for all children, so that feet are supported on the floor for fine motor activities. Consider using a block/step stool under the feet if feet do not fully contact floor in sitting. • Generic fine motor programmes e.g. Twinkl fine motor programmes, play dough mats 	<p>Sheffield Children's NHS – DCD Team Top Tips sheets https://www.sheffieldchildrens.nhs.uk/services/dcd/</p> <p>NHS Glasgow child development resources: Resources NHS GGC</p>
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Targeted descriptor Level 2	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
The child has a mild to moderate delay in their motor skills. They may or may not have a diagnosed physical disorder. The child's needs are met through Nursery led intervention with a quality first approach, as well as some planned and targeted provision to develop specific skills. They may have infrequent or historical involvement from PT/OT, which would include advice on how best to support the development of skills.			
<p>Mild to moderate motor delay/impairment Participation: Motor difficulties impact on the child's ability to participate in some aspects of nursery and social / leisure activities. Targeted additional adult assistance will be required for some activities e.g challenging fine motor activities or playground equipment .</p> <p>Mobility: Delayed motor skills (fine and/or gross) relative to their age. Meets motor milestones a little late and may be uncoordinated. May need assistance with some physical skills (beyond expected help needed for age) such as steps/stairs.</p> <p>Seating: Will be able to sit safely on age appropriate nursery seating. May need prompting for sitting posture and/or minor adaptations (non specialist equipment, such as a footrest) to</p>	<p>As for Level 1 whilst including –</p> <p>One Page Profile / Learner Profile</p> <p>Parent/Carer voice (may include a structured conversation)</p> <p>The child may be part of an Assess, Plan, Do, Review cycle in order to assess their need, identify outcomes, implement support and monitor and evaluate progress</p> <p>Consultation with parents regarding 2 year check or any previous involvement from Health Visitor</p>	<p>As for Level 1 whilst including – Adjustments to Provision Methods: Staff should consider and implement as appropriate:</p> <ul style="list-style-type: none"> • Adults direct child to targeted motor activities • Whole base/provision teaching, with adult support for targeted intervention (increased use of supportive strategies such as those outlined at level 1) • Targeted support to build independence with functional/life skills <p>Grouping: Access to activities/ equipment as above plus Provision/Base prescribed intervention groups:</p> <ul style="list-style-type: none"> • Targeted fine motor programmes to work specifically on child's hand skills, e.g. dough disco, threading or tweezer activities, specific planned focus groups • Targeted gross motor programme to work specifically on child's particular gross motor difficulties, e.g. Write Dance, balance games, scooters, activities what specifically target children's gross motor needs <p>Resources:</p>	<p>Additional advice and support is available from: As for Level 1, plus: May have had initial assessment from Physio/OT clinics at The Ryegate Children's Centre. The child may not have ongoing input from a Physiotherapist / Occupational Therapist or only periodic reviews.</p> <p>If unsure telephone contact can be made at 0114 2717610 to check if the child is known to/has been referred to the service and/or whether a referral would be appropriate 'What to expect next' document for</p>

<p>maximise stability, and optimise hand function.</p> <p>Functional skills: Likely to need help with some steps of age appropriate functional tasks such as un/dressing, feeding/cutlery, toileting. Will be able to complete some steps independently. Mild-moderate difficulties with fine or gross (or both) motor skills. e.g.</p> <ul style="list-style-type: none"> <input type="checkbox"/> May show a lack of skills/confidence during physically active play <input type="checkbox"/> May trip and fall frequently <input type="checkbox"/> Delay in fine motor/mark making/pencil skills <input type="checkbox"/> May not access/practise motor skills due to other difficulties e.g. ASD <p>Gross Motor Skills (based on Cerebral Palsy GMFCS level I) Delay in learning to sit and to move on the floor but before the age of 2 can move in and out of sitting, floor sit with both hands free to manipulate objects, crawl on hands and knees, pull to stand and take steps holding on to furniture. Walks between 18 months and 2 years of age without the need for any assistive mobility device. By the age of 4 the child can also get on and off the floor independently, and</p>		<ul style="list-style-type: none"> • As for level 1 <p>Support provided by the Physiotherapy / Occupational Therapy team:</p> <ul style="list-style-type: none"> • Informal advice for children known to the service. Children at level 2 may or may not be known to this service. Children at Level 2 but with physical skills in line with other areas of their development do not generally require specific therapy input or referral. 	<p>conversations with families https://www.foundationyears.org.uk/files/2015/03/4Children_ParentsGuide_2015_WEB.pdf</p> <p>SENCo Health Visitor</p> <p>Setting-based inclusion/pastoral teams /room leader/manager Consultation with other colleagues in setting</p> <p>Signpost to Family Centre Support offer https://www.sheffielddiocese.org.uk/kb5/sheffield/directory/family.page?familychannelnew=5</p> <p>Locality SENCo Networks</p>
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walks as their preferred method of mobility without the need for equipment. At 4 they can walk indoors and outdoors and climb stairs without using hands for support. They can run and jump but often with decreased speed, balance and coordination.

Fine Motor Skills (based on Cerebral Palsy MACS level I)

May have slightly more difficulty handling objects that require good fine motor skills compared to other children of the same age. May have slightly more difficulty with fine motor tasks requiring speed and accuracy.

Bespoke descriptor Level 3	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
<p>The child has a moderate motor impairment and/or disordered motor skills. This could impact significantly on the child’s overall level of function and participation without appropriate support, which may include equipment/environmental modification as well as targeted intervention. Skill development is achieved through a combination of approaches (including small group interventions and 1:1 individualised support in and out of the main nursery group) following advice/support from NHS professionals as appropriate.</p>			
<p>Moderate motor impairment and/or disordered motor skills</p> <p>Participation: Motor difficulties impact significantly on ability to participate in several aspects of nursery and social / leisure activities. Additional adult assistance required for many activities. Activities and the environment need to be modified. Close supervision needed in some situations for inclusion and/or safety.</p> <p>Mobility: May be independently mobile; Might have an unusual walking pattern; May be slower than peers at walking; Might need an aid to support walking; May need a wheelchair/pushchair (more than is typical/appropriate for age) for longer distances due to fatigue</p> <p>Splints: May wear splints on leg(s)/ arms(s)/hand(s).</p>	<p>As for Level 1 and 2 whilst including –</p> <p>Personalised targets informed by learning profile and outside agency involvement Assessment of mobility and access within Provision/Base by Physiotherapist and/or Occupational Therapist</p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> <p>Multi agency</p>	<p>As for Level 1 and 2 whilst including –</p> <p>Adjustments to Provision Methods: Staff should consider and implement as appropriate:</p> <ul style="list-style-type: none"> • Likely to require modification/differentiation to tasks to enable access to aspects of the provision/curriculum • Whole base teaching but with regular and focused individual support which aim to develop the child’s skills and independence • Additional adult support to access e.g. outdoor play equipment within the child’s interests • Additional supervision during free flow times to maintain safety while supporting participation/inclusion for children who are less mobile than their peers and/or to reduce obstacles and hazards for children who are less mobile or who may be using a walking aid <p>Grouping: A programme of support planned in consultation with Physiotherapist and/or Occupational Therapist, which may include access to activities / equipment /support which have been advised by child’s therapist for:</p> <ul style="list-style-type: none"> • Fine motor development 	<p>As for Level 1 and 2 whilst including –</p> <p>Additional advice and support is available from: Assessment from Physiotherapist or Occupational Therapist with report / advice / programme provided for the child</p> <p>MAST referral may be required, depending on the family context</p> <p>Referral to 0-5 SEN Support Service</p> <p>Educational Psychology Service drop in consultation / group consultation / planning meeting /</p>

<p>Seating: May struggle to sit comfortably/ safely on a standard chair; May need an adapted or specialist chair.</p> <p>Functional skills: Likely to need adult help with aspects of many tasks such as un/dressing, feeding, toileting due to motor impairment. May be able to complete some steps of these tasks independently.</p> <p>Gross Motor Skills (based on Cerebral Palsy GMFCS level II-III) May need support to get on and off the carpet. Infants up to 2: Can floor sit with either low back support or propping through their hands. Child may move via rolling or crawling. Some children may pull to stand and step holding onto furniture. Age 2-3 : Can floor sit but may have difficulty with balance. May or may not be able to get in and out of sitting independently. Child can move on the floor by creeping or crawling (may do this in an unusual way) Crawling may be their preferred method of mobility. Child may be able to pull to stand at a stable surface and cruise. Child may be able to walk</p>	<p>planning Assess, Plan, Do, Review using SEN Documents regularly reviewed</p> <p>A My Plan may be in place to draw together information, advice, aspirations and planned outcomes</p> <p>Assessment and profiling toolkits that lead to targeted outcomes and provision, e.g. Locke & Beech</p>	<ul style="list-style-type: none"> • Gross motor development • Life/Independence skills <p>Resources: As for Levels 1 and 2. May need time and space for setting staff to deliver a therapy programme advised by Physiotherapist/Occupational Therapist. May need space for and support/opportunity to use specialist equipment (provided by therapy services) for mobility, sitting, toileting etc. May need specific or adaptive cutlery, cup, Dycem non-stick mat etc. May benefit from opportunities to develop skills using technology such as a tablet.</p> <p>Risk assessment assessing the child's safety in free flow and other environments may be in place</p> <p><i>NB: A Level 3 child may move up to Level 4 in the GRID due to e.g. periods of rapid growth, surgery, transition to a setting/room requiring more significant environmental adaptation. The child may have significant potential to improve/deteriorate at these points without therapy guided intervention.</i></p>	<p>Multi-disciplinary Team meeting</p> <p>School Readiness Pathway Team</p> <p>Locality SENCo Panels</p>
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<p>with a walker with or without adult assistance.</p> <p>Age 4-5: Can sit on a standard chair. Some children may need additional trunk and/or pelvic support for best hand function. Can generally get in/out of a chair using a stable surface to push on. Can walk indoors with/without an assistive device. They may be able to walk short distances on level surfaces outdoors. They can walk climb stairs with assistance from an adult or some children may be able to climb stairs using a rail. They are unable to run or jump.</p> <p>Fine Motor Skills (based on Cerebral Palsy MACS level II-III)</p> <p>Can handle a wide variety of objects, though they may take longer and do so with less quality. They may need a lot of guidance and practice to learn how to handle objects. Some activities may be performed independently if they have been set up or adapted. Children will likely need regular adult assistance using objects.</p>			
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Bespoke descriptor Level 4	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
Child has a severe motor impairment impacting significantly on many areas of participation and function. The child has some ability to maintain positions without equipment and/or some limited independent movement, but needs adult help to change position e.g. in and out of seating, on and off the floor. They need specialist equipment, highly individualised support and one to one assistance to build physical skills, and/or to maximise participation despite physical limitations. The child will have involvement of PT/OT/both.			
<p>Significant Motor Impairment</p> <p>Participation: Needs adult assistance to access the environment and for most or all activities.</p> <p>Mobility: May have some independent movement but is likely to need adult help to change position, and/or move from one piece of equipment to another. Will need an adult to move around their environment or will be dependent on equipment to do so.</p> <p>Splints: May wear splints on leg(s)/or arm(s)/hand(s).</p> <p>Seating: May need specialist supportive seating and/or a specialist pushchair/wheelchair.</p> <p>Functional Skills: Needs significant adult help with tasks</p>	<p>As for Level 1, 2 and 3 whilst including –</p> <p>Physiotherapist / Occupational Therapist and other involved professional reports / observations</p> <p>Personalised assessments are in place to support physical and wider, holistic needs such as Cognition and Learning or Speech and Language e.g. Locke & Beech, PIVATS, B Squared</p>	<p>As for Level 1,2 and 3 whilst including –</p> <p>Adjustments to Teaching Methods: Staff should consider and implement as appropriate:</p> <p>Grouping:</p> <ul style="list-style-type: none"> • Daily individual support to work on modified curriculum/provision, including adult support to access physical activities with a differentiated programme/targets planned in consultation with Physiotherapist/Occupational Therapist • Therapy programmes as advised by PT/OT • Adult help to change position, and/or from one piece of equipment to another e.g. when toileting, transitioning from specialist seating to wheelchair. Settings will need to risk assess moving and handling and may need to ensure staff are trained in safe moving and handling • Extra adult help with self care tasks such as dressing, toileting/changing, feeding. This should incorporate strategies to support and promote independence where appropriate taking into account advice from OT and/or other outside agencies 	<p>As for Level 1, 2 and 3 whilst including –</p> <p>Additional advice and support is available from:</p> <p>Assessment from Physiotherapist or Occupational Therapist with advice / programme provided for the child</p> <p>Educational Psychology Service referral</p>

<p>such as un/dressing, feeding, toileting due to motor impairment.</p> <p>Gross Motor Skills (based on Cerebral Palsy GMFCS level IV) Infants up to 2: May be able to roll. They have head control but require trunk support for sitting. Age 2-3 the child can floor sit when placed but is unable to maintain balance without using hands. Independent self mobility (short distances) may be achieved through rolling, creeping or modified crawling. Likely to require specialist equipment for sitting and standing. Age 4-5: Requires supportive seating for safety and to maximise their hand function. Child will need adult support to assist them into and out of a chair. Maybe be able to walk short distances with a supportive walker and adult supervision/support.</p> <p>Fine Motor Skills (based on Cerebral Palsy Mini MACS level IV) Handles a limited selection of easily managed objects in simple actions. Performs actions with effort and with reduced accuracy/consistency. Requires constant adult help to handle and use objects.</p>	<p>A My Plan or EHCP may be in place to recognise the child's needs and provision required to meet them</p>	<p>Physical Environment:</p> <ul style="list-style-type: none"> • Adaptations to physical environment as advised by Occupational Therapist • The child will generally be using a buggy, wheelchair or other specialist equipment some or all of the time to move around the setting. Adaptation/monitoring of the environment will be required to ensure circulation space in equipment to support participation and inclusion in the full range of areas/activities offered at the setting, and maximise inclusion and opportunity for interaction with peers <p>In collaboration with Occupational Therapist/Physiotherapist the following areas will be considered:</p> <p>Resources:</p> <ul style="list-style-type: none"> • Aids and equipment. This may include: <ul style="list-style-type: none"> ○ equipment for standing* ○ a walking aid* ○ specialist seating* ○ manual handling aids* ○ orthotics* (e.g. leg or hand splints, specialist footwear) ○ toilet/change equipment (changing plinth, toilet frame* etc) ○ specialist cutlery <p style="margin-left: 40px;">*these items would be provided by therapy services where appropriate to the child's needs</p> • Access to technology appropriate to the child's learning level as well as physical skills, e.g. tablet, switches <p>Recording</p>	
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		Children at level 4 may need to use technology as an alternative means of accessing the curriculum and recording their work as they move into formal education. Early access to assistive technology e.g. tablet, switches may be important to give a basis for developing important skills for longer term access to education	
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Bespoke descriptor Level 5	Identification and Assessment	Teaching and Learning Strategies, Resources and Physical Environment	
Child is fully dependent on adults and/or equipment to maintain positions and to move. They have a complex physical disability affecting their whole body and would require specialist equipment to achieve safe sitting and standing positions. The child will have physiotherapy & occupational therapy involvement.			
<p>Severe motor impairment affecting whole body</p> <p>Participation: Needs full assistance to access all areas of the environment and activities.</p> <p>Mobility: Does not have any independent floor mobility, uses a pushchair, wheelchair or is carried everywhere around nursery. Needs total assistance to change positions.</p> <p>Splints: May wear splints on leg(s)/arm(s)/hand(s).</p> <p>Seating: Will need a specialist chair.</p> <p>Functional Skills: Dependent on an adult for all tasks such as dressing, feeding, toileting/ hygiene due to motor impairment. They may have a feeding tube or specialist diet due to an unsafe swallow.</p> <p>Gross Motor Skills (based on</p>	<p>As for Level 1, 2, 3 and 4 whilst including –</p> <p>Assessment of needs, progress and setting of next steps will be collaborative in nature with setting staff working alongside the family and Outside Agency professionals (including Health and Care colleagues where appropriate)</p> <p>An EHCP may be in place to recognise the child’s needs and provision required to meet them</p>	<p>As for Level 1, 2, 3 and 4 whilst including –</p> <p>There is agreement between professionals (e.g. Educational Psychology Service, Locality SENCO, 0-5 SEN Support Team, Local Authority SEND Manager, Health Practitioners etc.) that the child’s needs and provision in place constitute a Level 5.</p> <p>Adjustments to Provision Methods: Staff should consider (in consultation with outside agencies) and implement as appropriate:</p> <ul style="list-style-type: none"> • Extensive adult support to access differentiated activities • Extensive use of specialist equipment for positioning and postural management, as provided and directed by Occupational Therapist/Physiotherapist • A fully accessible physical environment with good access and circulation space for use of above equipment • Full adult support for all changes of position. Changes of position should be offered frequently, following positioning advice from physiotherapy/occupational therapy and any handling plan/risk assessment put in place by the setting. Moving and handling tasks should be risk assessed by the setting and 	<p>Additional advice and support is available from:</p> <p>See Levels 1, 2, 3 and 4</p> <p>Local Authority SEND Manager</p>

<p>Cerebral Palsy GMFCS level V) Has physical impairments that limit voluntary control of movement. Has significant difficulty with head and trunk control in sitting or upright positions. Impaired in all areas of motor function. Cannot sit or stand independently, even with adaptive equipment Cannot independently move around the environment (e.g. roll, crawl, walk). May begin to explore specialist adapted powered mobility with the assistance of an adult.</p> <p>Fine Motor skills (based on Mini MACS level V) May not handle objects. At best the child can push, touch, press, or hold a few items with constant adult support.</p>		<p>staff trained in safer manual handling where relevant</p> <ul style="list-style-type: none"> • Full assistance with dressing, feeding, toileting etc • Opportunities for the child to participate in adapted ways incorporated throughout learning, play and functional/life skills activities. This may include enhancing sensory experiences, maximising opportunities for communication/choice making, support/opportunities for the child to complete simple steps of an activity where able, supporting opportunities for child to share in activities/interactions with peers. Appropriate strategies would be individualised and identified collaboratively with setting staff, family and outside agencies including health professionals. • As for Level 4, children at Level 5 should be supported to begin developing skills using technology where appropriate, in consultation with outside agencies (Occupational Therapist, Speech and Language Therapist, Educational Psychologist etc). This could include switches, eye gaze technology. This may be important for the child's long-term participation in a variety of aspects of life. 	
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