

# BAND C

| PRIMARY (Year 6) – EXAMPLE 1   | PRIMARY (Year R) – EXAMPLE 2  | PRIMARY (Year 1) – EXAMPLE 3  |
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| <p><b>Cognition and Learning</b><br/>Has specific learning difficulties that have created a significant barrier to the ability to make progress. Unable to record ideas successfully due to multiple factors; letter and sound reversal, poor letter formation and the need to finish the work in the given time even if this means rushing. Despite small group interventions and programmes, these barriers remain and is working significantly below age related expectations. Often works with a scribe and then shows higher skills in terms of ideas, phonic knowledge and vocabulary. However, if asked to read own work back, cannot usually remember or read what is written. When reading independently, has to focus on the decoding to such an extent, that meaning is lost. With support, or as part of an adult led group, is able to follow simple steps in order to complete a mathematical method. Numbers are regularly reversed/moved and columns changed resulting in the place value of each digit being lost. Working memory identified as a significant area of concern.</p> <p><b>Social Emotional Mental Health</b><br/>Struggles with worries which are usually disproportional to the event/cause. One concern is to never be in trouble at school and will do whatever it takes to avoid this. Is very sensitive to the perception that others have and is becoming more aware of learning difficulties This is having an impact on self-esteem. Often makes negative comments about themselves and usually appears worried or sad within the school setting. Because of difficulties with learning, is often upset and reluctant to come into school. Parents often experience negative behaviours at home due to anxieties about school. If something is forgotten e.g. reading journal, will fret about it all day. Worries are so big that they get in the way of learning. Is unable to focus and will physically become restless and distressed needing reassurance and calming.</p> | <p><b>Physical and/or Sensory</b><br/>Has a diagnosis of Type 1 Diabetes and requires regular medication and monitoring throughout the school day. Routinely has blood checked a minimum of three times a day and insulin administered once a day. The administering of insulin requires two people. However, more often than not, blood sugar can be checked up to 5 times a day. We are also required to calculate the carbs in meals and depending on the results of blood sugars each time, further testing or action may be required. Often is unable to effectively manage and regulate emotions and behaviour, which can result in aggressive outbursts, including running away from adults. Often requires the support of an additional adult to help to regulate emotions and behaviour. At times struggles to sense danger, thus requiring adult support to ensure safety. Receives regular support from medical professionals.</p> | <p><b>Communication and Interaction</b><br/>Speech and Language difficulties – present in English and first language. Has been observed and assessed by NHS SALT and is on their waiting list. Not making expected progress with receptive or expressive language in both languages (the assessment was supported by an interpreter) and response to verbal stimulation is very weak. No English is spoken at home and family demonstrates little understanding of difficulties. A distinct lack of progress was noted in relation to the therapy that had already been provided by Communicate. The Well- Comm assessment reports that a huge amount of revisiting of aspects of therapy is required each session, even when Makaton is used.</p> <p><b>Cognition and Learning</b><br/>Delayed acquisition of literacy and numeracy skills. It is still difficult to tell whether the delay is due to cognitive difficulties or SEMH issues. Still not engaging with learning sufficiently to enable full cognitive assessment to take place.</p> <p><b>Social Emotional Mental Health</b><br/>Social and Emotional needs and behavioural difficulties. Started late in Reception – had a very traumatic start and the school nurse was involved. Did not attend nursery and did not want to leave parents; equally the parents were not proactive in getting into school. Would scream for very long periods of time and was not toilet trained. Took most of the Reception year to calm and engage with any learning. In Year 1, is able to engage with some aspects of classroom learning with support. Has to be monitored at all times as behaviour remains a major cause for concern – is violent towards other children (pushing, kicking, biting etc.) and is totally self-absorbed. CISS have been consulted and there is a planned observation in the next few weeks.</p> <p><b>Physical and/or Sensory</b><br/>Moderate Hearing Impairment – only recently detected during Community Paediatric assessment. Extremely small physically – at age of nearly six, wears clothes for a two year old. Community Paediatric referral was made and although this has ruled out ASD, there are concerns regarding hearing and physical development. Still requires intermittent support for incontinence.</p> |

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| <p><b>Assessment – July 2018</b><br/> Reading – 3 Beg+; Writing – 4 Beg; Maths – 3 Beg<br/> PIRA – 74; PUMA – 71<br/> Educational Psychologist – VCI 89; PRI 88; WMI 74; PSI 70;<br/> Reading Comp. 71; Spelling 70; Mathematics Comp. 66<br/> Reading Age – 6y; Spelling Age – 5.5y<br/> Thrive Assessment – About Being 2017 30%; 2018 57%<br/> <b>Outside Agencies –</b> Educational Psychology; EHCP;<br/> Dyslexia Outreach; SaLT (Socio-Communication);<br/> Community Paediatrics (ADOS); CAMHS (Wellbeing Hub);<br/> Social Care (MARF)<br/> <b>Provision –</b> 15 hours 1:1 TA support for Literacy and<br/> Numeracy lessons; 5 hours small HLTA group (1:5) work for<br/> other curriculum support and SEMH support.<br/> Equivalent to 15 hours 1:1 support at £12 and 1 hour at £18<br/> Costed Provision Map - £7,722</p>  | <p><b>Assessment – September 2018</b><br/> EYFS Managing Feelings – 22-36m; all other areas – 30-50m<br/> <b>Outside Agencies –</b> Hospital Diabetes Nurse<br/> <b>Provision –</b> 2 hours per day of 1:1 intervention but could be<br/> 4 hours per day if condition not stabilised or all day on<br/> occasional out of school activities. Average of 3 hours per<br/> day.<br/> Equivalent to 15 hours 1:1 support at £12<br/> Costed Provision Map - £7,020</p>  | <p><b>Assessment – March 2019</b><br/> EYFS Speaking 16-26 months<br/> KS1 PKS Reading – Standard 2; Writing – Standard 1;<br/> Maths – Standard 2<br/> Well Comm. Assessment – continues to score “red” – points<br/> rather than speaks – inconsistent speech sounds – can only<br/> follow two key word instructions.<br/> <b>Outside Agencies –</b> School Nurse; Community Paediatrics<br/> (ADOS); SaLT (Communicate and NHS waiting list); Hospital<br/> Audiology; CISS (Inclusion Surgery)<br/> <b>Provision –</b> 7.5 hours 1:1 classroom TA support; 6 hours 1:2<br/> classroom TA support; 7.5 hours 1:3 HLTA literacy support; 1<br/> hour 1:1 HLTA speech and language intervention; 6 hours<br/> 1:4 SEMH TA support in break and lunch times.<br/> Equivalent to 12 hours 1:1 support at £12 and 3.5 hours at<br/> £18<br/> Costed Provision Map - £8,073</p>  |
| <p><b>SECONDARY (Year 10) – EXAMPLE 1</b></p>  | <p><b>SECONDARY (Year 8) – EXAMPLE 2</b></p>  | <p><b>SECONDARY (Year 9) – EXAMPLE 3</b></p>   |
| <p><b>Communication and Interaction</b><br/> Has received ongoing speech and language therapy over the<br/> years, attending a language unit for three years of primary<br/> school. Has an expressive language disorder and<br/> developmental verbal dyspraxia. Speech disorder affects<br/> intelligibility and also expressive grammar. Uses gestures to<br/> support speech but these are not always clear. Can talk<br/> about things is interested in. Tone of voice can be flat and<br/> stilted. Can respond to questions but rarely spontaneously<br/> shares anything. Can be very direct which can come across<br/> as rude and struggles to see things from other people’s<br/> perspectives. Relies heavily on adult support to express<br/> ideas, opinions and feelings.</p> <p><b>Cognition and Learning</b><br/> Struggles to listen to instructions and therefore does not<br/> always complete work to best of ability. Understanding of<br/> vocabulary and comprehension skills are still an area of<br/> concern. Spelling is poor. Can be reluctant to write but can<br/> produce good work when supported. Concentration is<br/> variable and often dependent on level of interest in the<br/> subject. Can work independently at times in lessons they</p> | <p><b>Social Emotional Mental Health</b><br/> Finds it difficult to self-regulate emotions – can become<br/> extremely angry quite quickly when things do not go own<br/> way. Can also become very upset. Presents as an unhappy<br/> young person. Never appears to be genuinely happy. Can be<br/> unkind to peers; often it appears to be due to own frustrations<br/> on what cannot do/take part in. Lacks emotional resilience.</p> <p><b>Physical and/or Sensory</b><br/> Diagnosed with Congenital Myopathy. Lacks control over<br/> muscles and can fall easily. Gets extremely tired. The<br/> condition means that the body feels like it has run a marathon<br/> every day. Needs to eat constantly as the body burns up<br/> calories quickly. Has a snack box with them at all times.<br/> Walks on tip toes at all times, due to reduced bilateral<br/> movement. Requires use of a laptop for all of lessons due to<br/> difficulty with handwriting. Cannot access PE (paediatric<br/> advice) and attends alternative study during those periods</p> | <p><b>Communication and Interaction</b><br/> Has ASD traits and finds it difficult to communicate with<br/> adults at school. Eye contact can be variable. Can find it hard<br/> to engage in activities and tasks unless they are of interest.<br/> Lack of confidence affects ability to engage in group work,<br/> engage in interactions, whole class discussions and dialogue<br/> with peers and will typically avoid where possible. Struggles<br/> to contribute when working in small groups. Has difficulties<br/> with attention and concentration, inference and<br/> understanding facial expressions. When first started high<br/> school, was virtually mute, this has improved but still prefers<br/> to remain quiet.</p> <p><b>Cognition and Learning</b><br/> Struggles to keep pace with the class and without adult<br/> support, progress is minimal. Lacks focus and is often<br/> distracted during lessons. Teachers indicate a delay in<br/> starting tasks and would not manage without adult support<br/> and prompting. Easily distracted in lessons and lacks the<br/> ability to concentrate for extended periods of time. Attention<br/> and concentration skills are dependent on interest and<br/> preferred way of learning. Needs information to be repeated<br/> and rephrased, often with a significant amount of depth if not</p> |

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| <p>enjoy. Has tendency to rush work, producing the bare minimum as just wants to get the task finished.</p> <p><b>Social Emotional Mental Health</b><br/>Lacks confidence in reading and writing abilities and often has doubts and worries about these which affects ability to access the curriculum. Doesn't participate in any clubs or have any active friendships although is happy to 'hang out' with people at school.</p>                                |   | <p>been listening. Shows no interest when teachers are explaining work. Lacks motivation to complete work set by teachers and needs lots of support to complete tasks. Is disorganised and struggles with homework. Does not manage to work on homework independently preferring to complete in a detention rather than at home. Is struggling to access a large part of the curriculum. Working rate is slow and will not ask for help. Has a low working memory.</p> <p><b>Social Emotional Mental Health</b><br/>Has limited friendships with peers, communicating only with one peer. Has a severe lack of self-confidence. Teachers report that there is evidence of depression. Has low self-esteem which is a barrier to learning and is working below age related expectations in a number of areas.</p> <p><b>Physical and /or Sensory</b><br/>Struggles to work in loud environments.</p> |
| <p><b>Assessment – July 2018</b><br/>GCSE – English 3C; Maths 4B<br/>NGRT – 76; Young's Spelling – 71; BPVS – 86<br/><b>Outside Agencies –</b> SaLT (past NHS)<br/><b>Interventions –</b> Specialist TA SaLT; Specialist TA SEMH; CogMed; DocsPlus<br/><b>Provision –</b> 13 hours 1:1 classroom support; 40 mins 1:1 for SaLT; 40 mins 1:1 for CogMed; 40 mins 1:1 for SEMH.<br/>Equivalent to 15 hours 1:1 support at £12<br/>Costed Provision Map - £7,020</p> | <p><b>Assessment – July 2018</b><br/>GCSE – Below expected secure bands<br/><b>Outside Agencies –</b> Hospital Paediatrician; Hospital Physiotherapist; Hospital Dietician; Occupational Therapy<br/><b>Interventions –</b> Daily sessions in school's alternative provision for lessons not medically fit to engage in; daily access to mentor; weekly counselling sessions<br/><b>Provision –</b> 13 hours 1:1 classroom support; 1 hour 1:1 mentoring; 1 hour 1:1 counselling.<br/>Equivalent to 14 hours 1:1 support at £12 and 1 hour with Counsellor at £20<br/>Costed Provision Map - £7,332</p> | <p><b>Assessment –</b><br/>GCSE – Below expected target grades for GCSE - mixed profile of Emerging/Developing/Secure in English and Maths<br/>NGRT – 78; Young's Spelling – 77; Lexia – Working at Y2 2+<br/>Boxhall – Developmental 43; Total Diagnostic 47<br/><b>Outside Agencies –</b> CAMHS Wellbeing Hub<br/><b>Interventions –</b> Specialist TA SaLT; Specialist TA SEMH; CogMed; DocsPlus<br/><b>Provision –</b> 15 hours 1:1 classroom support; 2 hours 1:2 classroom support; 1 hour 1:1 SEMH support.<br/>Equivalent to 17 hours 1:1 support at £12<br/>Costed Provision Map - £7,956</p>  |

**Acknowledgement goes to all colleagues who agreed to the use of their applications as exemplar material**