

BAND D

PRIMARY (Year 1) – EXAMPLE 1	PRIMARY (Year 2) – EXAMPLE 2	PRIMARY (Year 5) – EXAMPLE 3
<p>Communication and Interaction We are concerned about speech and language skills, use of language in the classroom, following instructions, speech sounds and specifically socio-communication skills. Has difficulties with following routines and instructions; making choices without visual support; poor concentration to adult directed activities; dropping to the floor; hiding under tables; crying; making strange noises; sharing and turn taking difficulties; interacting inappropriately with peers; being over physical and not using social language to explain. Can get fixated on certain activities in classroom, plays with same things repeatedly. Would not cooperate with ADOS assessment – to be reviewed.</p> <p>Cognition and Learning Communication and Interaction difficulties are impacting on ability to engage in learning opportunities. Is not picking up initial sounds despite extensive work in small groups and one to one. Academically did not meet ELGs and is not meeting expected standards within Y1. Cannot sit still in a chair and give focus and attention. Within the EYFS Profile, showed delay in all literacy and maths areas as struggled to follow instructions, process and retain information and have effective language skills to discuss and explain. Is struggling with identifying initial sounds. Cannot blend/read.</p> <p>Social Emotional Mental Health Visibly teary in new situations and when things were unsettled at home. Can be too physical with other children - needs support with social skills.</p> <p>Physical and/or Sensory Sensory difficulties evident e.g. a very narrow diet at lunchtime; finds physical contact and touch difficult; takes ages in the bathroom, often goes in the cubicle when others are in there. Plays with soap, dryer etc.</p>	<p>Communication and Interaction Has global developmental delay and verbal dyspraxia. Has severely delayed language skills and has used Makaton, PECs and an iPad to aid communication.</p> <p>Cognition and Learning Has been diagnosed with Koolen de Vries syndrome (a disorder affecting cognitive function and causing developmental delay). Has associated learning difficulties and working memory is poor. Is working at a level significantly below peers in all areas of the curriculum. Requires carefully differentiated learning tasks and is currently only able to read simple, familiar CVC words and to count to 20 with support.</p> <p>Social Emotional Mental Health Communication difficulties and confidence can have an impact on ability to access activities and to socialise. Can experience high levels of anxiety.</p> <p>Physical and/or Sensory Has a hearing impairment requiring bilateral hearing aids and wears glasses for short sight. Has hypermobility and low muscle tone. Has been closely monitored / supported by Occupational Therapists and Physiotherapists and requires on-going support in school for motor skills. Has a history of seizures and physical development is carefully monitored. Is independently mobile but has access to a buggy for longer distances. Is developing hand strength and in hand manipulation and is able to trace over name. Care Plans are in place.</p>	<p>Social Emotional Mental Health Is a very anxious child and is not able to take responsibility for managing diabetes. Parents, clinical psychologist and diabetic nurse specialist feel that to expect too much at this stage would be counterproductive and increase anxiety to an unacceptable level. We are pleased that on occasion will check blood sugar levels; however, we have been advised and asked not to put pressure on to do so. Due to high levels of anxiety and the difficulty in controlling blood sugar levels, funding was approved during the summer holidays for a DEXCOM monitor. This constantly monitors blood sugar levels and sends the information to an app on a phone which is carried in a belt – a phone which a TA carries and also goes to Mum's phone.</p> <p>Physical and/or Sensory Type 1 Diabetic who needs regular additional support from an adult. All school staff have been trained by the Paediatric Diabetes Nurse Specialist to monitor well-being and blood sugar levels and some staff have been trained to use the insulin pump. One teacher trained to give a Glucagen Hypokit injection in an emergency. Was diagnosed just over five years ago and blood sugar levels continue to be difficult to control. Went on to an insulin pump in February 2015 and it was hoped that this would stabilise blood sugar levels and make diabetes easier to control - unfortunately, this has not been the case and now requires more support than ever. When having a Hypo (low blood sugar), needs constant supervision and cannot access the curriculum until stabilised. Frequently, we are unable to control blood sugar levels and have to call mother (this can be up to three times a day) and occasionally, an ambulance. All food, including snacks, has to be weighed and the carbohydrates counted so that the pump can calculate the amount of insulin to be delivered.</p>

<p>Assessment – July 2018 EYFS – Reading/Writing/Number – 40-60 Dev+ NFER Baseline – 71; Read Write Inc. Red Group (Year R) Phonics Screener – 0/40 Outside Agencies – Community Paediatric (ADOS); SaLT referral; CISS (Annual Package) Provision – 17.5 hours 1:1 TA support in class or in school’s alternative provision; 30 mins per week 1:1 SaLT (traded); 30 mins per week 1:1 speech and language intervention; 1 hour 1:3 motor skills intervention. Equivalent to 18.5 hours 1:1 support at £12; 30 mins specialised SaLT at £32.50 Costed Provision Map - £9,925</p>	<p>Assessment – June 2018 Reading P5; Writing P5; Maths P7 Outside Agencies – Community Paediatrics; Specialist Registrar in Medical Genetics; Physiotherapist; Occupational Therapist; Suffolk Communication Aids Resource Centre Provision – 15 hours 1:1 classroom/physical support; 10 hours 1:2 classroom/physical support; 1 hour 1:1 lunchtime support (approx.10 mins per day) Equivalent to 21 hours 1:1 support at £12 Costed Provision Map - £9,828</p>	<p>Assessment – June 2018 Reading SS 117; Writing Higher Standard; Maths SS 114 Outside Agencies – Specialist Diabetes Nurse; Clinical Psychologist Provision – 20 hours 1:1 intervention for diabetes; 12 hours monitoring (approximately equivalent of 3 hours of 1:1) Equivalent to 23 hours 1:1 support at £12 Costed Provision Map – £10,764</p>
SECONDARY (Year 10) – EXAMPLE 1	SECONDARY (Year 8) – EXAMPLE 2	SECONDARY (Year 10) – EXAMPLE 3
<p>Communication and Interaction Difficulty with expressive and receptive language. Speech is jumbled or hesitant when agitated and this leads to frustration which can ultimately lead to opting out of verbal interaction. Emotional responses – unable to listen, take information in or reflect on actions. Cannot interpret facial gestures. Unable to form friendships with peers.</p> <p>Cognition and Learning Has moderate learning difficulties although there are some traits of dyslexia. Significant difficulties with working memory and attention control. Due to lack of engagement, progress has been limited and learning minimal. Lacks the necessary vocabulary and verbal skills to access learning at this level. Reading is at a basic decoding level and cannot keep up with demands in the classroom. Number skills are limited to basic addition.</p> <p>Social Emotional Mental Health Poor self-esteem and confidence. Difficulties with emotional regulation and prone to outbursts. Has suspected Foetal Alcohol Syndrome – assessment is ongoing. Currently in the care of grandparents. Often experiences night terrors. Very immature and often oppositional. Very vulnerable to coercion and engaging in inappropriate behaviour with older peers. Peers are often reluctant to engage, due to volatile behaviours.</p>	<p>Communication and Interaction Difficulties with retention and processing of information – slow development of expressive language due to hearing impairment.</p> <p>Cognition and Learning Working below age expected levels – inconsistent writing – poor spelling. Requires differentiated resources. Written language assessment difficult as reluctant to engage. Lacks resilience and independent learning strategies. Pre/Post teaching is provided within personalised curriculum.</p> <p>Social Emotional Mental Health Displays anxiety and frustration leading to negative behaviours at home and in school. Family are now being supported via the CAF process.</p>	<p>Communication and Interaction Has difficulty with receptive and expressive language. Appears more articulate than actual understanding. Many issues due to ASD.</p> <p>Cognition and Learning Can be disruptive in a classroom but this is usually due to anxiety over change or someone unfamiliar. Dyslexic type difficulties – this adds another layer onto self-esteem issues but has allowed to have some answers. Level of understanding can be weak depending on frame of mind and without a TA would not stay on task. Finds concentrating difficult and will very often need re-directing. Also needs support to access the work and break down instructions. Will often need to be prompted to pay attention, get on with tasks, listen or interact.</p> <p>Social Emotional Mental Health Anxiety – needs support to get past certain anxieties around school and lessons. This is probably one of main barriers to learning. Can be brought to task about these behaviours later, but in the moment finds it very difficult to regulate. Will only express worries or concerns to certain people and at certain times, this makes some situations very difficult to manage. Behaviour support plan – needs a very consistent</p>

<p>Physical and/or Sensory Some evidence of a sensory disorder – mainly around noise and touch. Has Irlen’s Syndrome.</p>	<p>Physical and/or Sensory Hearing impairment – wears aids and uses a radio aid transmitter – lip reads. Weak fine motor control – uses laptop. Requires monitoring by a specialist teacher and staff in school require training and support.</p>	<p>approach to behaviour management and a behaviour support plan was devised with input from all parties. Has had an immensely difficult time during the end of last academic year and beginning of this one – is presenting with some very challenging behaviour. The main Teaching Assistant since Year 7 was suddenly removed and this has obviously been incredibly difficult to deal with and has contributed to the challenging behaviour. Now has just 2 members of staff to work with but we have had to increase support to far in excess of anything that it has been in the past. Anxiety is not always clear to unfamiliar people – can just appear rude and disrespectful.</p> <p>Physical and /or Sensory Food aversions - has the opportunity to eat at break and lunchtime away from other people with food as this can lead to not eating or may even be sick if sees/smells certain food. Hypersensitivity – cannot wear accepted school shoes. Had quite a lot of time off last year due to having to have 2 operations on toes at 2 separate times. Found the recovery very difficult, due to ASD.</p>
<p>Assessment – July 2018 Full Scale IQ - 60 Reading – Accuracy 57 Comprehension 61; Spelling – 66; Number – 61 Outside Agencies – Clinical Psychologist; CISS (traded); CAF (currently at CIN); Dyslexia Outreach Service; past SaLT Interventions – Support from Virtual School (in kinship care); Specialist LSA Dyslexia, Mentoring/Support for SEMH Provision – 13 hours 1:1 classroom support; 1 hour 1:1 literacy/numeracy interventions; 2 hours 1:1 SEMH interventions; 5 hours 1:1 lunch and break time support Equivalent to 21 hours 1:1 support at £12 Costed Provision Map - £9,828</p>	<p>Assessment – GCSE – Target English 1 to 2; Maths 1 to 2 Access – 93; SWST – 81; HAST 91 Outside Agencies – Teacher for Hearing Impaired; recently opened CAF Interventions – Key Worker for equipment (HI); SEMH support; support for homework Provision – 10 hours 1:1 classroom support; 12 hours 1:2 classroom support; 1 hour 1:1 HI support; 6 hours 1:2 SEMH/social support Equivalent to 20 hours 1:1 support at £12 Costed Provision Map - £9,360</p>	<p>Assessment – July 2018 GCSE – English 3+; Maths 3 Outside Agencies – CISS Interventions – CISS input is supported by HLTA and continued during weekly SEMH interventions; Provision – 15 hours 1:1 classroom support; 8 hours 1:2 classroom support; 2 hours 1:1 SEMH support; 5 hours 1:2 lunchtime support Equivalent to 23.5 hours 1:1 support at £12 Costed Provision Map - £10,998</p>

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