

# BAND F

PRIMARY (Year 1) – EXAMPLE 1	PRIMARY (Year 2) – EXAMPLE 2	PRIMARY (Year 6) – EXAMPLE 3
<p><b>Communication and Interaction</b> Speech and language difficulties impact on learning, social interaction and behaviour. Was referred to the NHS Speech and Language Therapy service at the age of three, when the Health Visitor noted major concerns around attention, play and language development. The assessment concluded that difficulties are very significant and raised a separate concern regarding socio-communication skills. Was placed on the waiting list for SaLT and a referral was made to the Community Paediatric team for a socio-communication assessment. SaLT began whilst still in Nursery around the time of the fourth birthday. The therapist makes reference in her report, dated May 2017, to the fact that this only happens in a nursery setting in exceptional circumstances. There is also clear evidence to support the fact that very significant speech and language difficulties are present in both the home language and in English. The therapist introduced Makaton at this stage. The NHS therapy continues. Has significant difficulties with both receptive and expressive vocabulary and mainly understands and speaks at single word level. Does not produce oral sentences and cannot respond to anything more than simple, one phrase sentences. Needs constant support to process information and instructions and reinforcement and modelling for most commands. Does not verbally interact with peers or adults. Requires an augmented communication system but is unable to use PECS and has had limited success with Makaton. Daily routines and organisation have to be adult led, as without this support, would be unable to function in school. When EHCP was completed last year, a special school placement was applied for. Although this was declined on the premise that it was too early to determine whether such a setting was needed, a recent observation by a Specialist Support Class colleague, has resulted in a recommendation to apply for an SSC placement.</p> <p>Socio-communication difficulties impact on behaviour and interaction with peers. Was assessed by the Community Paediatric team in September 2016. The report dated October 2016, concludes that there is significant global developmental delay and that it is likely there will be learning difficulties in the future. A further referral was made to Occupational Therapy and for genetic blood tests. Despite a CAF being opened and CIN meetings initiated, the parents failed to engage and the blood tests did not happen. Was seen by the Occupational Therapist and the main</p>	<p><b>Communication and Interaction</b> Struggles to articulate speech sounds clearly. Is sometimes difficult to understand without context. We have made a SaLT referral and are currently awaiting an appointment.</p> <p><b>Cognition and Learning</b> Is able to access the Year 2 curriculum, with support in small groups. Verbally, is able to show understanding of the lesson content. However, is unable to record ideas in the written form and requires a scribe. Without support, is assessed to be working at least one year behind peers; this gap may widen as gets older. Has many gaps in knowledge which need to be addressed. Previous experiences of neglect and abuse have had a significant impact on ability to learn; this is likely to increase as gets older and there is a requirement to process past experiences through targeted therapy.</p> <p><b>Social Emotional Mental Health</b> Is a Child in Care with a complex history of neglect and abuse. Displays concerning behaviours that involve highly sexualised and inappropriate conduct and that pose a danger to siblings. An immediate risk assessment was put into place in school and there was an immediate action to advertise and employ a member of support staff with a safeguarding/watching brief in order to protect the child, the peers and adults in school. Has adult supervision throughout the entire school day including throughout lessons, toilet breaks, lunch and break times, after school clubs. Due to an ongoing police investigation, is not currently allowed to access any therapy or support but foster carer is having weekly skype sessions with a clinical psychologist for advice on how to support the child to manage difficulties. It has been agreed that an EHCP would be of future benefit and we are currently making a referral.</p> <p><b>Physical and/or Sensory</b> Has fine and gross motor difficulties. We have made a referral to occupational therapy and are still awaiting an appointment to assess. Finds recording information in the written form extremely challenging and is still learning to form letters correctly and of a consistent size. Wears glasses with a strong prescription - had a recent eye test which raised concerns which are due to be investigated further to establish if there has been a head trauma which may have impacted on vision. It was reported that is unlikely to be able to see 3D/depth and peripheral vision is very poor. A recent dentist appointment concluded that the front teeth have 'dissolved'</p>	<p><b>Communication and Interaction</b> Diagnosis of Autistic Spectrum Disorder (May 2019). Can communicate effectively to familiar staff and peers. Presents as highly anxious and this affects ability to communicate. Can become controlling and obsessive over friendships. Shows rigidity in thinking and a lack of awareness of social expectations. Uses and understands language literally. Communication assessment (SaLT, April 2019), identified the following: could identify some basic facial expressions; could not suggest how others might feel; limited use of eye contact; presents with anxiety over things that are outside of control and that cannot predict'. There are some aspects of socio-communication difficulty.</p> <p><b>Cognition and Learning</b> Requires a significantly high level of adult support in the classroom to enable to manage high levels of anxiety. Without constant reassurance, would find it difficult to remain in the classroom and would become heightened. Has difficulty in sustaining focus and concentration and this can impact on learning and engagement. Often rushes work to finish quickly. Does not like to make mistakes or get things wrong. Will not attempt a task that perceives to be challenging. This increases anxiety and can lead to a heightened state. Has the potential to academically perform above average for age as the results of the WIAT-II (Educational Psychologist, May 2018) show. However, high levels of anxiety impact on ability to perform at this level.</p> <p><b>Social Emotional Mental Health</b> Had a place in a PRU but parental preference was for this not to continue. Required phased reintegration back into primary school. Is on CISS caseload and is seen weekly by a clinical psychologist. Requires a significantly high level of adult support in the classroom to enable to manage high levels of anxiety. Without constant reassurance, would escalate to a heightened state on regular occasions throughout each lesson. Asks a lot of questions throughout the day to gain reassurance and help manage anxieties. Acts on impulse and is fidgety. Finds it difficult to manage and regulate own emotions. Needs a high level of adult support in this area. Requires calm down time when is heightened; once calm can often explain clearly the reason for the escalation. Seeks to be in control over every situation; is given controlled choices by adults but will often try to negotiate these. Has engaged in self-harming behaviours including cutting with opened paperclips, hitting on or with objects, attempted strangulation</p>

<p>recommendations revolved around sensory needs that were in line with the socio-communication difficulties.</p> <p><b>Cognition and Learning</b> Was unable to access small group literacy interventions throughout time in Nursery and Reception – has just been placed in the first level Read Write Inc. small group and this has to be TA supported. Levels for reading, writing and number are still in the early stages of EYFS. The paediatric diagnosis of a likelihood of Global Learning Delay is manifesting and cognitive ability is very low. One to one support is required at all times to facilitate all learning situations and to ensure that behaviour remains appropriate. All curriculum tasks have to be modified, especially in relation to speech and language needs and social needs. The supporting TA, the SENDCo and the Family Support Worker maintain meaningful links with home and give significant support to the family.</p> <p><b>Social Emotional Mental Health</b> Has significant social difficulties and requires carefully planned inclusion opportunities supported by an adult. Is particularly vulnerable socially in this new academic year, as the older sibling has left the school to go to an SSC. In the past, they relied on each other at social times. In Nursery, regularly resorted to poor behaviour that included physical assaults on peers. Although this was mainly triggered by a lack of communication skills, it is only with constant one to one support that this does not continue. The issues in the family regarding the parental ability to care for their children has an adverse effect on emotional well-being and there is continued concern for the safety of the children. Social inclusion is very limited due to communication difficulties and cognition levels.</p> <p><b>Physical and/or Sensory</b> Has fine motor skills difficulties that affect handwriting and some self-care skills. Shows no right or left hand preference and continually swaps between the two. Cannot use scissors. Will not engage in “messy” play as becomes distressed when touching paint, sand, water etc. Is very upset by an accidental touch from peers and this can be the trigger for lashing out, although will bump into others and throw objects in their direction. Has poor general coordination.</p>	<p>(not decayed). This is thought to be due to high sugar intake and poor dental hygiene.</p>	<p>and putting in danger by breaking a window. Will often make negative comments about themselves. It is highly likely has experienced some trauma and stress in early childhood which will have a significant impact on social, emotional and mental health. Presents with attachment disorder. Finds it difficult to form positive, trusting and reciprocal relationships, especially with adults. Demonstrates disproportionate reactions to situations. Will try to control and manipulate adults, peers or situations in order to reduce own stress and anxiety. Is hyper-vigilant. Finds change difficult to manage and needs significant pre-warning before any change to routine is made. Finds it difficult to maintain focus and attention for any length of time. Is often standing up, moving about and uses a range of fiddle toys to support need to move – needs regular movement breaks. Enjoys interacting with peers and playing games; however, struggles if perceives that friends have not played to the rules and this can quickly escalate to aggressive behaviours. Is supervised at break and lunch so that incidents can be dealt with promptly and adults can support with managing emotions. Does not eat 3 meals a day. Is supervised for eating to ensure has eaten lunch. Without this, will throw lunch in the bin. Weight has been monitored by the school nurse in the past and we have just re-referred due to concerns about weight and relationship with food. Has an individual behaviour plan and risk assessment in place to ensure safety.</p> <p><b>Physical and/or Sensory</b> Has a range of sensory sensitivities that appear to impact on emotional regulation. Is particularly sensitive to touch – often complains that some materials are itchy on skin. Does not like to wear a jumper and insists on wearing tight fitting trousers. Prefers not to wear shoes, or when necessary, have to be loose fitting (bigger size) so they feel comfortable. Also, does not like food touching on the plate. Will eat each item of food separately.</p>
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<p><b>Assessment – September 2018</b>  EYFS – Reading/Writing – 22-36 Emb; Number – 30-50 Beg  Read Write Inc. – S1: A (first level – 3 sounds recognised)  <b>Outside Agencies –</b> Community Paediatrics; Health Visitor; SaLT; Occupational Therapy; Educational Psychology  <b>Provision –</b> 22.5 hours 1:1 TA support in class or in small groups; 2.5 hours 1:1 Speech and Language intervention with HLTA; 7 hours 1:1 break/lunch time support  Equivalent to 32 hours of 1:1 support at £12  Costed Provision Map - £14,976</p>	<p><b>Assessment – September 2018</b>  GLD not achieved; Reading/Writing/Number – 1 Secure.  <b>Outside Agencies –</b> Social Care; Virtual School; Police; SaLT/OT referrals; Clinical Psychologist; Audiology; Hospital based Eye Clinic and Dental Clinic.  <b>Provision –</b> 25 hours 1:1 TA support in class and all accompanying supervision; 7 hours 1:1 break time and lunch time support; 1 hour After School Activity.  Equivalent to 33 hours of 1:1 support at £12  Costed Provision Map - £15,444</p>	<p><b>Assessment – May 2019</b>  Reading/Writing – working towards expected; Maths – working at expected; WIAT-II (EP) Word Reading: SS106, Reading Comprehension: SS105, Pseudoword Decoding: SS114, Reading Composite: SS107, Spelling: SS107, Numerical Operations: SS141, Mathematical Reasons: SS117, Composite: SS135. Thrive – Being.  <b>Outside Agencies –</b> Past PRU, CISS; Community Paediatrics; Clinical Psychology; Transition and Reintegration Service.  <b>Provision –</b> 25 hours 1:1 classroom support and interventions; 7 hours 1:1 social time support; 1.5 hours 1:1 support for daily meet/greet/departure.  Equivalent to 33.5 hours of 1:1 support at £12  Costed Provision Map - £15,678</p>
<p><b>SECONDARY (Year 8) – EXAMPLE 1</b></p>	<p><b>SECONDARY (Year 9) – EXAMPLE 2</b></p>	<p><b>SECONDARY (Year 9) – EXAMPLE 3</b></p>
<p><b>Communication and Interaction</b>  Delayed speech and language as a result of hearing impairment - extremely impoverished vocabulary impacts significantly on ability to access the curriculum.  <b>Cognition and Learning</b>  Ability to learn is hindered by very poor receptive vocabulary also has difficulties with working memory that makes retaining and processing instructions challenging. Is working significantly below age expectations and functions at the very early levels of literacy in terms of understanding and writing. Has significant difficulties with receptive and expressive vocabulary and demonstrates significant difficulty understanding words, sentences and instructions. Demonstrates significant difficulty in retaining and applying learning. Hearing loss has resulted in poor semantic knowledge and weak phonology. Is unable to listen, process information efficiently and write at the same time.  <b>Social Emotional Mental Health</b>  Recently diagnosed with Generalised Anxiety Disorder (GAD), under Deaf CAMHS who are also exploring possibility of ADHD and ASD. Uses 'fight or flight' response to triggers. Demonstrates, at home and at school, regular episodes of frustration and evidence of damage to self-esteem caused by language difficulties and social emotional and mental health barriers to learning. This has presented as frequent disengagement from learning, truancy and/or behavioural difficulties. Has displayed frequent episodes of aggression towards peers and adults and has threatened self-harm. Has a bespoke timetable to help manage anxiety and behaviour</p>	<p><b>Communication and Interaction</b>  Finds expressive language difficult. Has difficulties reading body language/ tone of voice. When feeling particularly anxious, will become mute. Will use mime to express themselves. When anxiety lessens (with trusted adults) and is given the time to 'calm', will begin to tell you what is worried about. Requires time to process what you have said. Will often misunderstand the meaning behind your request. Cannot process more than one instruction at a time. Finds it difficult if a teacher talks for more than a few minutes, will visibly shut down and this is when the inappropriate behaviour starts. Finds it almost impossible to ask for help – this means that staff need to pre-empt/predict possible confusion to avoid switching off.  <b>Cognition and Learning</b>  Finds it difficult to work independently unless the task is very short. Can engage when interested in the task, in a 1:1 situation and with a trusted staff member – it is all about the relationship. Finds it difficult to transfer prior learning to a new learning task. Has difficulty concentrating for longer than 10 minutes. Has extremely low self-esteem as a learner. Will not take risks.  <b>Social Emotional Mental Health</b>  Is extremely emotionally vulnerable and lacks emotional resilience – often simply gives up. Progress is linked to emotional readiness to learn – is often not ready to learn and as such has made little academic progress. Finds it impossible to self-regulate emotions – can express is 'feeling' different but cannot explain it, or independently calm down.</p>	<p><b>Physical and/or Sensory</b>  Has a diagnosis of Muscular Dystrophy and is a full time wheelchair user. Has no use of lower limbs and cannot weight bear. Requires assistance in all areas of the curriculum, including wrap around care for the start of the day, breaks, lunch and end of the day. Has recently started to have seizures, which is not uncommon in young people with MD. Must be supervised at all times in school. Is totally dependent on adult assistance for all personal care needs and this requires 2:1 support. This takes place approximately three times each day for around 30 minutes. The time taken for this impacts on learning and teachers have to plan accordingly. Occupational therapy is carried out in school twice a week for 30 minutes. Both of these interventions require the staff to be specifically trained. Has some independence in the classroom once settled and is currently able to write independently; but tires easily and is becoming increasingly more dependent on a scribe. Access to trips and off-site activities can be very challenging due to equipment and care needs. Often transport cannot facilitate the terrain wheelchair and equipment for personal care does not always fit in disabled facilities.</p>

issues. Was at serious risk of exclusion despite daily intervention from Pastoral Support Manager. Timetable and currently limited homework are being gradually increased, supporting inclusion and access. In addition, works in 1:1 groups in the resource provision to develop language and literacy skills. Has targeted speech and language work with a trained specialist TA. Follows the BKSB programme (English and Maths) in unit alongside mainstream lessons. Has specialist TA support in lessons and has a timeout/cool down agreement with college base and PSM. We hope that a Sensory Social Worker to support the family at home will be in place shortly. Was witness to domestic violence between parents and is very protective of mother. Aunt died from cancer last Easter and this caused an increase in anxiety as worried about mum's health. Mum had a heart attack this term and was hospitalised as a result - this again has caused increased anxiety and worry.

**Physical and/or Sensory**

Has a moderate bilateral sensorineural hearing loss that was late diagnosed at 4 years of age. Took some time to become a consistent hearing aid user and only ever accepted wearing them in lessons preferring not to wear them at social times or at home. Stopped wearing hearing aids completely in the Summer term last year and has only in the last few weeks started to wear them again although this is still not consistent. The hearing impairment has had an enormous impact on language development and consequent learning ability. Speech and language is about four years behind chronological age in both vocabulary and grammar. Level of working in school is consequently at least 3 years behind peer group. Struggles with literacy based tasks or the linguistic elements of maths. Has issues with auditory memory and requires support in developing this so can understand sentences containing at least 5 key elements to promote age appropriate communication. Also requires additional language specific work to help understanding of some areas of English grammar rules that have been missed due to hearing loss - such as work on plurals, past tense word endings etc. Has limited phonological awareness and needs support to improve reading skills, both decoding and comprehension so that the curriculum can be accessed effectively.

Presents as an unhappy young person – although there are moments of laughter when supported by someone trusted and well known. Can confuse imaginary incidents with reality and is very convincing. Displays concerning attachment issues. Is a very complex student who has a chaotic home life and brings that to school every day. Is extremely weak in literacy and numeracy and often refuses to put pen to paper. Behaviour is extreme; random shouting, drawing on arms, shirt and tie (hands look like they have been dunked in a paint pot). Displays complex attachment issues due to separation from Mum who has complex needs herself. Wants to please you, but then almost immediately forgets how, so shouts out and distracts peers. Can work well in a 1:1, safe environment but has very immature social skills and behaves like a 5/6 year old. Has received 1.5 days FTE so far this year for: 'persistent disruptive behaviour' and 'damage' and 'verbal abuse' and 10 days FTEs last academic year, for: 'Physical assault against an adult (and a pupil)', 'persistent disruptive behaviour' and 'verbal abuse'. Has been accepted through IYFAP for a PRU place and is currently on a waiting list.

<p><b>Assessment – September 2018</b> End of Year 7 assessments – English – Emerging; Maths – Developing. BPVSIII- Standardised &lt;70, Age equivalent vocabulary 6:06. SSRT- Reading Age 8:11, Comprehension Age 7:11</p> <p><b>Outside Agencies –</b> Deaf CAMHS; SCC Sensory Social Care Team; NHS Audiology and SaLT; 4YP Counselling; Drama Therapy.</p> <p><b>Provision –</b> 17.5 hours 1:1 specialist signing TA support; 5 hours 1:1 Teacher of the Deaf in class support; 1 hour 1:1 ELKLAN intervention; 7 hours 1:2 lunch and break time support. Equivalent to 22 hours 1:1 TA support at £12 and 5 hours 1:1 Teacher of the Deaf support at £30 Costed Provision Map - £16,146</p>	<p><b>Assessment – June 2018</b> Working well below in all GCSE subjects Access Reading – 8 years and 3 months WRAT Spelling – 7 years and 3 months Mental Maths – 8 years and 8 months</p> <p><b>Outside Agencies –</b> CISS</p> <p><b>Provision –</b> 17.5 hours 1:1 classroom; 4 hours 1:1 literacy intervention; 1.5 hours 1:1 SEMH support; 7.5 hours 1:1 break and lunch time support. Equivalent to 30.5 hours 1:1 support at £12 Costed Provision Map - £14,274</p>	<p><b>Assessment –</b> GCSE – English target grade 5 – currently working at 5+ GCSE – Maths target grade 6 – currently working at 6-</p> <p><b>Outside Agencies –</b> Multi-disciplinary NHS team; Occupational Therapy</p> <p><b>Provision –</b> 12.5 hours 1:1 classroom support; 1 hour 1:1 OT intervention; 7.5 hours 2:1 support for personal care; 5 hours 1:1 support for social time Equivalent to 32.5 hours 1:1 support at £12 Costed Provision Map - £15,210</p>
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