

BAND H

PRIMARY (Year 5) – EXAMPLE 1	PRIMARY (Year 6) – EXAMPLE 2	PRIMARY (Year 1) – EXAMPLE 3
<p>Communication and Interaction Has no functional speech and demonstrates limited response to verbal interaction. Cannot engage with any augmented communication aids due to severe sight impairment. All verbal interaction must be carefully managed as can become aggressive if sensory cues are not used. Has a diagnosis of ASD and all communication and interaction is extremely limited.</p> <p>Cognition and Learning Needs a totally adapted sensory learning programme that is delivered 1:1 with 2:1 intervention at all points of change. The programme is linked, as far as possible, to an early engagement curriculum that is pre-12 months age appropriate and includes the use of very specialist sensory equipment. Cannot engage in any reciprocal learning.</p> <p>Social Emotional Mental Health Social interaction is extremely limited as other children are at risk. Will bite, scratch, hair pull and grab when another person is sensed in close proximity. All emotional needs have to be interpreted by adults. Behaviour can become severe but is as a result of fear and anxiety.</p> <p>Physical and/or Sensory Has a number of medical diagnoses that result from very complex chromosomal abnormalities. These include ASD, kidney disease and severe sight impairment. Is permanently seeking sensory comfort through spinning and twirling and requires a high level of 2:1 for regulation. Can only respond to a limited amount of light therapy, as whilst this has a soothing effect, the ability to sense it is limited. Is fully dependent on adults for feeding and personal care.</p> <p>Assessment – September 2018 Working at age equivalent of 6-9 months in all areas.</p> <p>Outside Agencies – Paediatric Consultants (various); Occupational Therapy</p> <p>Provision – 32.5 1:1 for all of school day plus 12.5 hours of additional 1:1 for feeding, personal care and physical intervention. Equivalent to 45 hours 1:1 support at £12 Costed Provision Map - £21,060</p>	<p>Communication and Interaction Has a diagnosis of ASD and although verbal, has extremely compromised comprehension of appropriate communication. Constantly swears and shouts highly inappropriate comments that are extremely anti-social and abusive. Is not safe with other children and requires highly trained adults to deliver any 1:1 support. Has no ability to respond to any therapy or intervention that is delivered verbally.</p> <p>Cognition and Learning Is totally self-led and will not engage with any adult directed learning. Will engage for short periods with topics of interest but these can be inappropriate and therefore not pursuable. Cannot engage with any formal assessments so true cognitive ability is largely unknown. Will demonstrate glimpses of ability level through occasional engagement with a self-led topic.</p> <p>Social Emotional Mental Health Demonstrates highly ritualistic behaviour and becomes extremely aggressive when any attempt is made to divert from this. Will scream and physically attack staff and de-escalation can involve three or four adults. Has a high level of demand avoidance (recently diagnosed with PDA) and demonstrates violent and unsafe behaviour that is a risk to himself and others. Often refuses to get in or out of school transport and is on site for at least 35 hours a week. Family unit is volatile and there are a number of other siblings with similar difficulties. There is a long history of social care involvement and children have previously been in foster placements. There is a high level of multi-agency involvement in the family home.</p> <p>Assessment – September 2018 Teacher assessment – possibility of Year 1 Reading and Maths levels – refuses to write.</p> <p>Outside Agencies – LD CAMHS; Social Care</p> <p>Provision – 1 hour, on average each day, 3:1 support (5 hours 3:1); 30 hours 1:1 support Equivalent to 45 hours 1:1 support at £12 Costed Provision Map - £21,060</p>	<p>Communication and Interaction Is eager to communicate and has a few words in English and in first language. Just beginning to use a switch to indicate choice.</p> <p>Cognition and Learning Has a diagnosis of Global Developmental Delay that affects all aspects of learning. Follows an EYFS curriculum with extensive adaptation for personal learning and use of a sensory approach. All delivery and support is 1:1.</p> <p>Social Emotional Mental Health Is sociable and enjoys interaction with others. Cannot initiate interaction independently. Unable to verbally express emotions but is very sensitive to change of mood and can become distressed. Music therapy is very successful.</p> <p>Physical and/or Sensory Has a very complex medical profile and is registered as severely disabled. Diagnosed with Cerebral Palsy and is mostly wheelchair dependent. Can spend a small amount of time each day in gaiters, splints and a walker but needs to regularly be repositioned due to curvature of the spine. Wears a body suit for protection but this can cause overheating problems. Requires daily occupational therapy. All transfers and therapies are 2:1 dependent. Has a sight impairment that is partially corrected by glasses. Can be fed pureed food, but has a tendency to choke, so is also gastronomy fed. Requires toileting and associated transfers. Medication is administered four times each day.</p> <p>Assessment – September 2018 Unable to demonstrate any engagement with literacy skills but can demonstrate through gesture some understanding of number at EYFS 8-12 months.</p> <p>Outside Agencies – Paediatric Consultant; Occupational Therapy</p> <p>Provision – 16 hours 1:1 support; 16 hours 2:1 support Equivalent to 48 hours 1:1 support at £12 Costed Provision Map - £22,464</p>

SECONDARY (Year 9) – EXAMPLE 1	SECONDARY (Year 8) – EXAMPLE 2	SECONDARY (Year 10) – EXAMPLE 3
<p>Communication and Interaction All elements of speech and language are affected by profound hearing impairment since birth and cleft palate. Is dependent on sign language and requires a Level 2 BSL signer. Has some speech that is only comprehensible to familiar adults and peers.</p> <p>Cognition and Learning Has complex learning difficulties and cognitive impairment due to Foetal Alcohol Syndrome. Long periods of absence due to medical issues have had an adverse effect on ability to develop learning. Requires a very specific programme of learning that is based on Entry Level 1 work .</p> <p>Social Emotional Mental Health Is a child in care and social/emotional difficulties are due to FAS and previous trauma. Can exhibit extreme behaviour that includes destruction of property and self-harm and requires a high level of skilled intervention. Poses a risk to themself and others and requires a carefully planned Risk Assessment. Is unable to process any mediation for behaviour or attempts to plan for future strategies. Has difficulty building trust with adults and cannot sustain, even with support, any social involvement with peers.</p> <p>Physical and/or Sensory Profoundly deaf. Has one kidney and requires regular checks for its function. Needed a tracheostomy following birth and had surgery as a young child to reverse this. Has had recurring periods of ill health ever since and has been unable to have any corrective surgery on cleft palate.</p> <p>Assessment – September 2018 Working towards Entry Level 1 in all areas</p> <p>Outside Agencies – Paediatric Consultant; LD CAMHS; Social Care</p> <p>Provision – 20 hours 1:1 support from Level 2 Signer (£18 per hour); 12.5 hours 1:1 support; additional 5 hours 2:1 support for behaviour Equivalent to 20 hours 1:1 HLTA support at £18 and 22.5 hours 1:1 TA support at £12 Costed Provision Map - £22,230</p>	<p>Communication and Interaction Has a diagnosis of ASD and previous communication and interaction skills have been seriously compromised by recent deterioration in mental health. Is no longer verbal, except for long, uncontrollable tirades of verbal abuse.</p> <p>Cognition and Learning Has previously been able to access a mainstream curriculum, but as mental health has deteriorated, so has engagement with learning. Does not engage, even with a bespoke curriculum and frequently resorts to sitting under the table. Currently on a reduced timetable and has been at risk of permanent exclusion in previous setting.</p> <p>Social Emotional Mental Health Is currently under assessment by an Adolescent Psychiatrist – displays periods of mania and psychosis. Behaviour can become highly aggressive very quickly, with little warning or predictability and is a threat to staff due to physical size. Will physically attack by placing hands around throat and cannot be near other children. Has few boundaries in place at home. Requires a high level of 2:1 intervention for most of the day.</p> <p>Physical and/or Sensory Has sensory sensitivity – linked to ASD and resulting difficulties can be a trigger for extreme behaviours.</p> <p>Assessment – September 2018 No current assessment data</p> <p>Outside Agencies – LD CAMHS</p> <p>Provision – 22 hours 2:1 support Equivalent to 44 hours 1:1 support at £12 Costed Provision Map - £20,592</p>	<p>Communication and Interaction Has some verbal ability but often inappropriate in topic or highly agitated. Very difficult to engage with listening and will refuse to comply with very simple requests. Has no verbal interaction with peers. Cannot use a Talk Pad and has shown little interest in PECS.</p> <p>Cognition and Learning Has a severe learning disability and cannot access any learning without 1:1 support. No engagement with a shared curriculum, so has a short, individual learning session each morning and each afternoon. Practical activities involving the use of equipment must be carefully controlled and require 2:1 supervision.</p> <p>Social Emotional Mental Health Requires a high- level risk assessment due to behaviours that are a risk to self and others. Has tantrums like a toddler and refuses to move. When highly aroused, will throw things around the room and wreck furniture and equipment. Will spit, smear and remove clothes and will eat inedible objects. Needs a high level of calming and time out every day, often on a 2:1 basis.</p> <p>Physical and/or Sensory Has a diagnosis of Down Syndrome. Requires sensory therapy and responds well to a sensory bag containing familiar objects and objects of reference. Requires 2:1 support for toileting and some supervision for feeding.</p> <p>Assessment – July 2018 Working towards Entry Level 1 in English and Maths, Arts Award in Art and Certificate of Achievement in DT</p> <p>Outside agencies – Paediatric Consultant</p> <p>Provision – 32.5 hours 1:1 support; 10 hours additional adult for 2:1 support for practical activities and toileting. Equivalent to 42.5 hours 1:1 support at £12 Costed Provision Map - £19,890</p>

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