

## **Identification and assessment of Special Educational Needs and Disabilities**

At St Minver School we identify children with SEND as early as possible, through regular contact with our partner Early Years settings and by assessment at the start of the Foundation Stage Year using the Foundation Stage Profile Statements. Assessments allow the child to show what they know, understand and can do, as well as to identify any learning difficulties.

Throughout the school we monitor and track the progress of all children by an ongoing process of planning, teaching and assessment. Children with SEND may be identified at any stage of this process during their school life. In the Foundation Stage and Years 1 and 2 the assessments used are:

- The Foundation Stage Profiles;
- The P scales, using the B Squared PIVATS programme for both learning and behaviour;
- The Phonics Screening Programme for those pupils in Y1 and under achievers in Y2;
- The Salford Reading Test for those pupils in Y1;
- Termly assessments of progress;
- Annual Teacher Assessment sheets for both core and foundation Subjects;
- The end of Key Stage 1 SATs teacher assessment;

In Key Stage 2 the assessments used are:

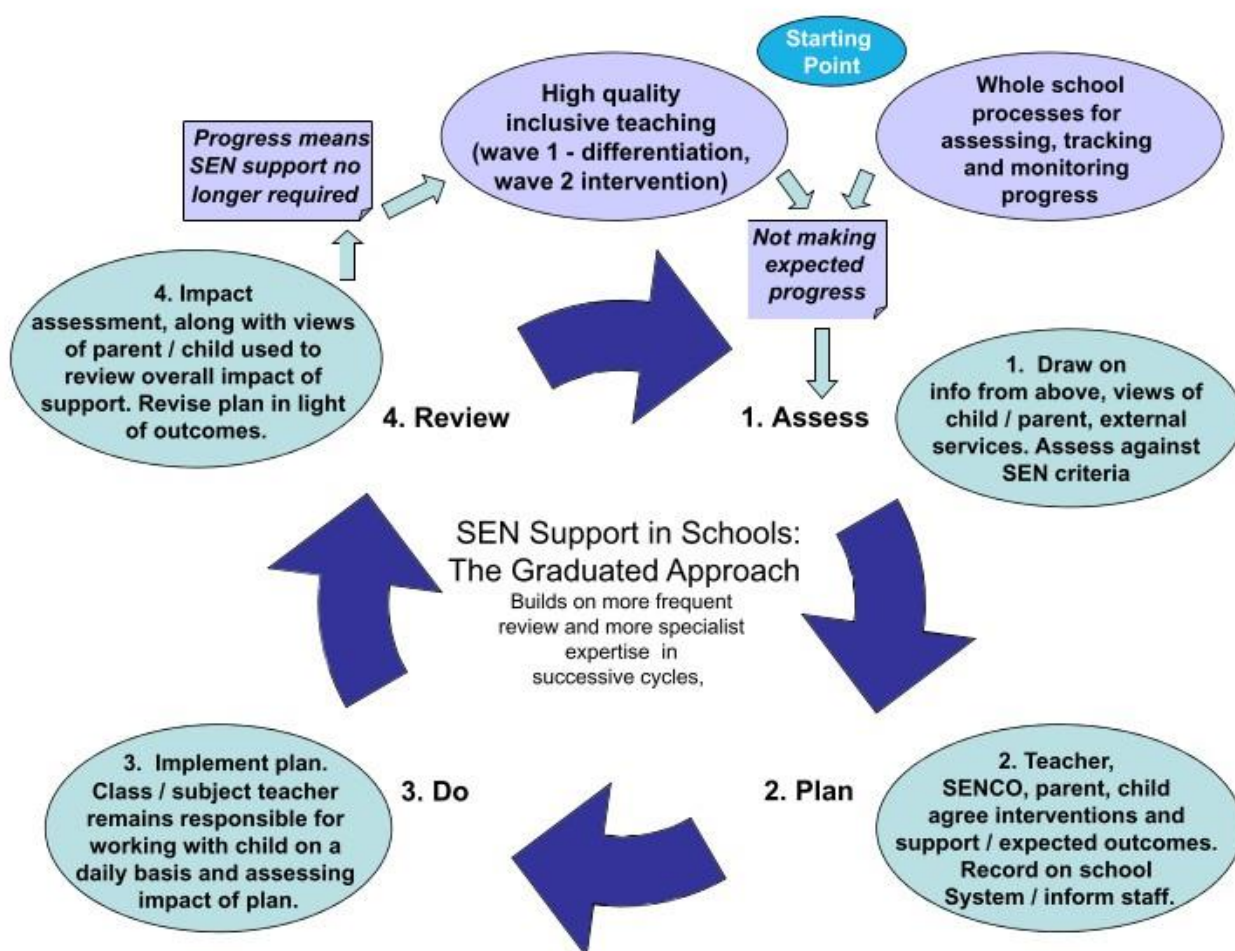
- Ongoing profiles of progress towards objectives in all curriculum areas using Classroom Monitor;
- Termly assessments of progress including the end of Year Optional SATs tests in Years 3, 4 and 5 in English and Maths;
- The Schonell Spelling Test and Salford Reading Test for pupils who are new to St Minver School and those pupils who are under achieving;
- Annual Teacher Assessment sheets for both core and foundation Subjects;
- The end of Key Stage 2 SATs tests;

The tests used in school for diagnostic purposes are:

- The British Picture Vocabulary Scale; (BPVS)
- The Schonell Spelling Test;
- The Salford Reading Test;
- The Phonics Awareness Test;
- The Dyslexia Screening Test;

### **The “triggers” for further intervention**

We recognise that there is a wide range of SEND amongst our children and match the level of intervention to each child’s needs. We have adopted The New Graduated Response set out in the 2014 SEN Code of Practice, which builds on more frequent reviews and more specialist expertise in successive cycles.



The “triggers” for further intervention are one or more of the following:

- A lack of progress in the Foundation Stage Profile Statements;
- A low attainment in the BPVS test and/or in the Phonics Screening Test;
- Ongoing teacher and TA observation and assessment within the classroom, and/or attainment in annual standardised tests showing one or more of the following:
  - The child’s progress is significantly slower than that of their peers starting from the same baseline;
  - The attainment gap between the child and his peers is getting wider;
  - A previous rate of progress is not being maintained and a child fails to match or better the child’s previous rate of progress;
  - Little progress is being made even when teaching approaches and resources have targeted a child’s identified area of weakness;
- The class teacher’s annual assessment profiles is showing under achievement in one or more curriculum areas;
- Low scores in diagnostic testing;
- Emotional or behavioural difficulties persisting in spite of the use of the school’s behaviour management programmes;
- Self-help skills, social and personal skills are inappropriate to the child’s chronological age;
- A diagnosis of a previously unidentified medical condition, communication problem or sensory impairment;
- For a child who is new to the school, records from the previous school indicating that additional intervention has been in place;
- Parental concerns regarding academic progress, behaviour, social adjustment and/or communication skills;
- Professional concerns e.g. from medical services, Educational Psychologist, and Children Services;

### **Areas of Need**

The SEND child will be identified according to one or more of four areas of need.

## **Cognitive and Learning**

A level of difficulty **may** be indicated by:

- Cognitive attainment levels and rates of progress which are significantly below that of the child's peer group (Taking into account other things that might be affecting a child such as starting school for the first time, changes at home, including the breakdown of a relationship, or the death or illness of a close family member.)
- A performance by a child which within the National Curriculum is outside the range within which most children are expected to work;
- Attainment in basic skills (especially speech and language, literacy and numeracy) which enable the child to function across the curriculum as a whole, are beginning to interfere with the child's ability to progress as effectively as might otherwise be the case;

A level of difficulty **will** be indicated by:

- A delay in cognitive ability that is significantly impeding progress and attainment despite intervention within the whole class setting, or despite intervention that is additional to or different from the differentiated curriculum, or despite intervention from an outside agency;

## **Social, Emotional and Mental Health Needs**

Not all disruptive or emotional behaviour is necessarily indicative of having special educational needs e.g. there may be a temporary disruption to home or personal life. The environmental factors including ethos, organisation, curriculum, classroom management and teaching approaches within a school are key influences on behaviour and are crucial when assessing a child's behaviour difficulties.

A level of difficulty **may** be indicated as follows:

- Reacts with extreme negativity to a change in routine or teaching staff.;
- Frequently shows physical or verbally aggressive behaviour to staff or other pupils;
- Shows aggressive behaviour to classroom pressures;

- Becomes excessively withdrawn in reaction to the above circumstances;
- Has poor ability to sustain appropriate relationships with his/her age peers;
- Exhibits excessive mood swings;
- Continuously provokes or distracts other pupils from their work;
- Presents behaviour likely to be injurious to themselves, or other pupils, staff or the environment;

Having taken account of a behaviour or/and a stance that a child is taking, the behaviour or/and stance must be one demonstrated that is significantly below that of the child's peer group (Taking into account other things that might be affecting a child such as starting school for the first time, changes at home, including the breakdown of a relationship, or the death or illness of a close family member.)

A level of difficulty **will** be indicated:

- By a child calling out inappropriately in class;
- A lack of attention that is excessive in comparison with a peer
- A disruption of the learning of others;
- A persistent refusal to follow the instruction of an adult;
- Evidence of poorly developed social skills;
- Isolation or withdrawal from his/her peer group;
- Emerging or sustained problems in making or sustaining relationships;

A level of difficulty **will** manifest in a behavioural pattern that **may** be severe if a child has a medical condition such as autism, ADHD or a mental health condition.

- Where a behaviour manifests itself as extreme, intensive and sustained in several settings resulting in high levels of distraction in all curriculum areas that prevent the progress of the child, and where a behaviour is challenging and significantly affects the learning of peers and which are beyond that which can be managed by the class teacher, or where a behaviour is selfinjurious and/or endangers others, and which leads to a significant level of rejection by peers, or where there is evidence of significant unhappiness, stress and/or disaffection over a sustained period (often

accompanied by prolonged periods of absence), then a child must be referred for help and support from an external agency;

## **Sensory and/or Physical Needs**

A sensory, physical and medical difficulty does not automatically imply special educational needs.

### **Hearing and Visual Impairment**

Most children who have permanent sensory impairment are identified at the pre-school level and are likely to have received specialist teaching and/or equipment at the pre-school level.

A child with a suspected hearing impairment is likely to exhibit one or more of the following behaviours:

- Does not respond when called;
- A delay in learning to speak;
- A lack of clarity in speech, slurring of words, incorrect pronunciation;
- Unstressed words in speech (especially prepositions e.g. "in", "on", "up") may be missed or misinterpreted;
- Watches face/lips intently;
- Reluctant to speak freely e.g. a nod or shake of the head rather than saying yes or no;
- Displays of inappropriate behaviour or temper tantrums;
- Verb tenses may be incorrect;
- Any difficulty in listening and attending to speech;
- Constantly asking for repetition e.g. Pardon? What? Eh;
- Failure to follow instructions straight away or misunderstands/ignores instructions;

A child with a suspected hearing impairment that is more profound is likely to exhibit a number of the following behaviours:

- Requires repeated explanations;
- Watches what the others are doing before doing it themselves.
- Continues with an activity when the rest of the class has stopped
- Inattentive and day-dreaming;
- Doesn't pick up information from overheard conversations;

- Attempts to control and dominate conversation through talking;
- Becomes withdrawn;
- Makes little or no contribution to group or classroom discussions;
- Shouts or talks overly loudly;
- Speaks very softly;
- Complains of not being able to hear;
- Frequently seeks assistance from peers and adults;
- Low results in reading and oral subjects, but may have good results elsewhere;

A child with a suspected visual impairment is likely to exhibit one or more of the following behaviours:

- Frequent headaches;
- Rubbing of eyes;
- Unusual appearance of eyes;
- Squint or accident to one eye;
- Getting very close to book;
- An unusual head posture or work held at an unusual angle;
- Misjudging distances;
- Difficulty with scanning and tracking;
- Inability to copy work from a distance;
- Confusion between similarly shaped letters and words;
- Discomfort in bright light;
- Age 7+ colour perception difficulties;
- Poor hand/eye coordination leading to illegible handwriting;
- Displays of inappropriate behaviour and temper tantrums;

## **Physical disabilities**

A physical disability does not necessarily imply special educational needs. Where, however, the physical disability is such as to impede access to the curriculum or learning this may require additional intervention.

A level of difficulty **may** be indicated by:

- Ability to participate in classroom activities but some minor problems in undertaking certain tasks or participating in certain activities;
- Some minor modifications needed to provide access and self-care

- Physical disability impedes access to certain areas of the curriculum and significantly affects progress in these areas;
- Disruption to attendance as a result of a longer-term condition or hospitalisation and/or prolonged home recovery;
- Medication which might have side effects and as a result impact upon learning;
- Physical barriers relating to mobility, dexterity, fatigue and the need for regular treatment;

A child with a physical disability that is more profound is likely to be indicated by:

- Ability to participate in most classroom activities, problems in undertaking certain tasks or participating in activities leading to problems in working at the same pace as the child's peers;
- Some significant modifications needed to provide access and self-care;
- Physical disability impedes access to certain areas of the curriculum and significantly affects progress in these areas;
- Significant disruption to attendance as a result of a longer-term condition or hospitalisation and/or prolonged home recovery;
- Side effects of medication which impact upon learning;
- Physical barriers relating to mobility, dexterity, fatigue, toileting or the need for regular treatment;
- Signs of frustration in the classroom and difficulties in forming relationships, with evidence of isolation at social time;

## **Communication and Interaction Needs**

Some speech and language difficulties in young children will have been identified before the child starts school and some form of intervention will have been planned and implemented by a Speech and Language Therapist. When they enter school some of these children may still have significant speech and language difficulties. These difficulties are likely to impair their ability to participate in the classroom. That in turn may have serious consequences for the child's academic attainment and could also give rise to emotional and behavioural difficulties.



Children have communication difficulties that may be the result of many varying factors e.g. a general developmental delay, a sensory impairment, restricted opportunities and experiences at an early age, or an emotional/social trauma. Severe communication difficulties may also be the result of a specific speech and language disorder where development deviates from the expected pattern and pace of normal development and does not arise out of learning English as an additional language. It can also be defined in terms of impairment in the use and understanding of verbal and/or non-verbal communication.

These children include those with severe speech and language disorders alone and those who have combination of difficulties which together result in the child having special educational needs. Included will be children who are diagnosed as autistic and some children with disorders within the autistic spectrum.

## **Speech and Language Needs**

A level of difficulty **may** be indicated by:

- Speech and language attainment levels and rates of progress which are significantly below that of the child's peer group. (Taking into account other things that might be affecting a child in the early years e.g. starting school for the first time, changes at home, different levels of maturity within one peer group, etc.);
- The pupil has speech and language difficulties, which are causing concern. There is evidence that the difficulties are impeding full access to the National Curriculum and/or preventing social contact with peers;
- There is evidence of difficulties with speech, which may lead to problems with language structure, sound discrimination, attention, communication, vocabulary and receptive and expressive language;
- Problems with listening consistently during whole class work, responding to what has been heard or following instructions and as a result requiring additional support for explanation and clarification;
- Differentiation is needed both in terms of a plan to achieve curriculum access and a specific speech and/or language

programme to be carried out on a regular basis by school or the parent/carer;

- Language delay that is impeding progress and attainment in another curriculum area. (e.g. Personal, Social and Emotional Development.);

A child with a speech and language difficulty that is more profound will be indicated by:

- A child's language difficulties affect access to a large part of the National Curriculum and social relationships;
- A plan both for education and speech and language development are being used and programmes of work provided by outside agencies are being followed;
- Speech can usually be understood by people who know the child but cause some difficulty to people who are less familiar with the child;
- Difficulties may interfere significantly with the acquisition of literacy and/or create marked social difficulties;
- Inability to participate in the language elements of all or most of the programmes of study;
- Inability to work in groups because of significant communication difficulties;
- Related social and emotional difficulties impeding relations with other children and adults to the extent that access to the curriculum is significantly impaired;

### **Autistic Spectrum Disorders/Social Communication Needs**

The child **may** be considered to have social communication difficulties if the following exists:

- Difficulties with social relationships and communication may affect working or playing as a member of a group in some contexts e.g. turn-taking;
- Limited understanding of social rules and conventions;
- Showing signs of poor self-esteem because of difficulties;
- A tendency to focus on own choice of activities;
- Finds change of routine difficult;
- An inflexibility of thought

- Difficulties with reflecting on, evaluating and generalising learning;

The child **will** be considered to have social communication difficulties if the following exists in addition to the above criteria:

- Difficulties with social interaction, social communication and social understanding affect behaviour in all contexts;
- At home and school, the child may be socially vulnerable, withdrawn, or prone to aggressive outbursts;
- A significant difficulty in accessing the curriculum and participating in most ordinary classroom activities without a high level of adult support and structure, resulting from learning, communication and language, social and/or behavioural difficulties, with observed and measured evidence;
- The evidence of significant qualitative impairment in the child's social communication and imagination, and in his/her ability to make and sustain social interaction;
- An obsessive challenging and/or withdrawn behaviour, an inappropriate use of languages, difficulties in body movement, a resistance to change, abnormal responses to sensory experiences and signs of distress or emotional disturbance without an obvious cause;
- Little or no progress within the curriculum, except, perhaps, in very specific areas of strength;

### **What happens if Concerns are identified?**

- If a teacher is concerned about some aspect of a child's progress, behaviour or well-being, (s)he will decide what action to take within the normal daily classroom routine. If the child is having learning difficulties in one or more areas, the teacher will adapt resources or change the teaching method being used, to suit that child;
- If a child is having behavioural problems the teacher will record the frequency and severity of the incidents and, if possible, adapt the classroom environment to help the child overcome the problems;

- When a teacher is concerned about a child's physical, behavioural, emotional or mental well-being, he/she will share concerns with the SENCO and the senior management team;
- The parents of a pupil for whom there is a concern will be advised of a concern and a record will be kept known as an Initial Concern Record;
- When a parent/carer is concerned about some aspect of his/her child's progress, behaviour or well-being, he/she should make known a concern to the class teacher, the SENCO or the Head Teacher;
- The teacher or the head Teacher will inform the SENCO of the concerns. The SENCO will make a record of the child in the category, Initial Concerns;
- If a teacher is concerned that a child is not making the expected academic progress that is expected for that child then he/she will share that concern with the SENCO;
- The parent/carer of a pupil for whom there is a concern will be advised of a concern and a record will be kept known as an Initial Concern Record;
- The SENCO will make a record of the child in the category, Initial Concerns;
- If there is a concern that relates to a poor performance in respect of The Phonic Awareness Screening Test, The BPVS Screening Test or The Schonell Spelling Test, then this concern will be recorded on one record for all children, as a strategy or strategies implemented to address an issue will be of a similar nature for all of them. The parent/carer of the child or children will be advised accordingly and a record will be kept of the communication;
- The child, in all cases, will be involved in this process, in terms of knowing there is a concern, and how a concern will be addressed;
- The child's viewpoint will be sought and recorded on the record for an Initial Concern;
- Where there is an initial concern, in terms of an identification of SEND, the class teacher, the SENCO, the parent/carer and the child will agree on interventions to achieve a desirable outcome;
- A plan (known as the Pupil Passport) **may** be constructed at this stage by the SENCO or class teacher that is child friendly and will show the outcome that is desired and how it will be achieved; The plan will vary according to the needs of an individual child and may

or may not contain a target or targets, but will explain the strategies that will be used to enable a child to make a progress that is desired;

- A record known as Initial Consultation with Parent/Carer will be kept of a meeting or meetings that take place whilst a child is on a record known as Initial Concern and will show actions to be taken;
- The class teacher and the classroom teaching assistant are responsible for implementing the plan and for working with the child on a daily basis, and for assessing the impact of the plan;
- If a plan is put in place at this stage then the class teacher and/or classroom assistant will keep a record of how a child meets his/her targets which will be in the form of a tick sheet, which will also provide a box for comments and for outcome;
- A timeframe of when a desired outcome is expected will be agreed upon by all and at the end of that timeframe the strategies that have been put in place will be reviewed against a progress made by a child;
- The parent/carers will be kept informed of the progress made by a child and a viewpoint will be sought from the parent/carers, which will either be by letter, or by email, or face to face;
- All copies of paperwork relating to an initial concern and additional support/EHC Plan will be made available to the parent/carers of the child, and any other professional who is involved in the process, with the consent of the parent/carers;
- If a child has made adequate progress, then he/she will be moved off the Initial Concerns Record;

### **What Happens if Additional Support is Required?**

- If a child continues to make inadequate progress, in spite of the strategies the teacher has used in class, the teacher may decide that more intervention is needed. This decision will be made within two terms of a child being placed upon the Record for an Initial Concern. The teacher and the SENCO will look at the evidence of inadequate progress and decide on strategies which are **additional to, or different from** those already being provided in the classroom to help the child to make progress;

- The child is placed on The Record of Need as a child who needs additional support;
- The child, in all cases, will be involved in this process, in terms of knowing there is a concern, and how a concern will be addressed.
- The child's viewpoint will be sought and recorded on a record known as The Child's Contribution to Review;
- The parent/carer's viewpoint will be sought and recorded on a record known as The Parent/Carer Contribution to Review;
- The class teacher, the SENCO, the parent/carer and the child will agree on interventions to achieve a desirable outcome;
- A Pupil Passport will be constructed by the SENCO or class teacher that is child friendly and will show the outcome that is desired and how it will be achieved. The plan will vary according to the needs of an individual child and may or may not contain a target or targets, but will explain the strategies that will be used to enable a child to make a progress that is desired;
- A record will be kept of a meeting with a parent/carer which is known as the Assess, Do and Review Form;
- The class teacher and the classroom teaching assistant are responsible for implementing the plan and for working with the child on a daily basis, and for assessing the impact of the plan;
- The class teacher and/or classroom assistant will keep a record of how a child meets his/her targets which will be in the form of a tick sheet, which will also provide a box for comments and for outcome;
- The SENCO may or may not work with a child who is on the Record of Need at Additional Support;
- A timeframe of when a desired outcome is expected will be agreed upon by all, which is usually termly and at the end of that timeframe the strategies and targets that have been put in place will be reviewed against a progress made by a child;
- A parent or carer will be invited to make a contribution to a review of the progress of the child who has been placed on The Record of Need, on a termly basis;
- At least two of these meetings will be face to face;
- When a child has made adequate progress then that child will be removed from the Record of Need under Additional Support but can be, if felt necessary, moved to a Record of Initial Concerns;

## **How are Other Professionals Involved?**

- If a child fails to make an adequate progress over a sustained period, despite well-founded support that is matched to the child's area of need, then a request will be made to ask for support and guidance from an outside agency or other specialists;
- We are able to involve specialist at any point for advice on early identification of SEND and effective support;
- A parent/carer's consent must be sought before a referral to an outside agency is made;
- Before a referral is sought all data and anecdotal evidence must be reflected upon to determine that all strategies that are available within a class or school setting have been employed;
- A decision will be made as to which service is appropriate for a child to be referred to for all who work with a child to have a support and guidance from a professional which will enable a child to make an adequate progress;

See link to [List of professionals used by St Minver School](#)

## **What is The Education, Health and Care Plan?**

When a child's needs cannot be reasonably provided from within the resources normally available to St Minver School then a referral will be made to Cornwall Council to carry out an EHC Plan Statutory Coordinated Assessment.

The criteria are as follows:

- A child must have special educational needs that are long term, severe and complex;
- A child may have social care and/or health as well as educational needs, or in some exceptional cases, educational needs only;
- A child will not have responded to sustained, relevant and purposeful measures taken by St Minver School and other professionals;

A referral can be made by a parent or carer, the SENCO, or any other professional who is working with a child, with the consent of the parent or carer.

See link to [Family Information Service](#) for more information about the EHC Plan.

Trish Warne  
SENCO Teaching Assistant  
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