

**Plymouth Graduated Approach to Inclusion:  
Assess. Mainstream Schools - Part I**



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# Plymouth Graduated Approach to Inclusion

## The framework

The Plymouth Graduated Approach to inclusion framework should be used as an electronic tool to support teachers and school leaders to identify, assess and record the needs of children and young people requiring additional or special educational provision. This framework is designed to support the identification, planning and recording of appropriate support and provides guidance for reviewing progress

The framework provides a structure to enable effective use of Plymouth's Local Offer. The Local Offer provides children and young people with special educational needs or disabilities, families and professionals, information in one place, helping them to understand what services they can expect from a range of local agencies (including their entitlements). The Local Offer covers provision for children and young people from birth to 25 and includes information about education, health and social care services. The Local Offer can be found at: - [Plymouth Local Offer](#)

This framework is in two parts:-

Part 1: supports schools and settings with the **identification** of vulnerable pupils and those pupils with special educational needs

Part 2: supports schools in **planning** to meet the needs identified in part one, signposts to appropriate resources and websites

This document is part 1

Part 2 can be found at

<https://www.plymouthonlinedirectory.com/plymouthlocaloffer/sencoguide/graduatedapproach>

The primary aim of this framework is to ensure that levels of support at an early stage, which are part of a school's universal offer, are implemented **before** a pupil progresses through to targeted or specialist levels of support (fig. 2). This describes an approach which is graduated, designed to meet children's needs according to their complexity.

This framework is also designed to:-

1. Help educational settings to understand and meet their duties across a range of legislation and guidance
2. Support families and young people to understand how education settings offer support
3. Support professionals in health, care and the voluntary sector to sign-post families and young people to the support they need

4. Help school staff, particularly SENCOs, leadership teams and class teachers understand the common approach to meeting needs across the city

## Useful information

[Keeping children safe in education](#)

[Send code of practice 0-25](#)

[Children Missing Education](#)

[Education Act 1996](#)

[Supporting pupils at school with medical conditions](#)

[Equality Act 2010 Guidance for Schools](#)

[DfE Mental Health and Behaviour in Schools Guidance \(Nov 2018\)](#)

[Statutory Guidance on School exclusion](#)

[Information regarding 'off rolling'](#)

[Alternative provision](#)

## Introduction for parents and carers

If you are a parent of a child with SEND we are delighted that you are looking at this graduated approach to inclusion. The guide has been written to help schools and education settings, and is open to parents too. By sharing with parents we are making sure the same information is available for families, teachers and other professionals working with your children

This document is a detailed procedure guide for schools and uses language familiar to those who work in education which means it not always be easy to read. If you come across something you don't understand fully ask the SENCO at school or Plymouth Information Advice and Support for SEND (PIAS) [Plymouth information advice and support](#)

The Local Offer is a good place to go for more information to: [Plymouth Local Offer](#)

In Plymouth there is a strong commitment to working with parents and carers so you are actively involved in decisions around your child's Special educational need and/or disability (SEND). This is the clear message of the SEND Code of Practice (COP) which sets out how

parents and young people should be involved in identifying, understanding and taking decisions about special educational needs. Our partners in Plymouth are 'Plymouth Parent Carer Voice' (PPCV) and they have played a key role in shaping these documents. PPCV are a group of volunteer parents and carers of children and young people with SEND. Together they work in partnership with the Plymouth City Council, to help shape and improve the range of services in education, health and social care for families in the Plymouth area. Further information about PPCV can be found at [Plymouth Parent Carer Voice](#)

Parents quite rightly like to know how their child's school or setting will make decisions about any extra support their child needs and what that support will look like in practice. This Guide may help you understand this. Many parents find it helpful to understand what a school is basing decisions on. It can sometimes be reassuring and also helps you ask informed questions about your child's support and progress. Some sections of this document will be more useful to you as a parent than others. Part 1 (Assess) will help you understand how your child's school should identify that your child has SEN; then part 2 (plan and review) sets out how schools should respond to those needs. It sets out the range of action ("interventions") a school should use for each of the main areas of additional need and what to try next if they don't make progress

Not all of the guide will be relevant for every child but it could help you discuss what is being used with your child. If you are wondering if your child needs an Education Health and Care Plan (EHCP) you could look at the suggestions for their type of need and compare this with your child's current support in the plan and review section. The process for schools requesting assessment for an EHCP and how the local authority makes decisions about this can be found at [Plymouth Local Offer - EHCP](#)

If you have time to read the whole Graduated Approach to Inclusion you will get a good picture of how SEND should be handled by all schools and settings across the city. We hope you will find it interesting and use it to help you work with your child's school to help your child get the best out of their education

## **How should this framework be used?**

The tools in this framework should be implemented using an assess, plan, do, review cycle (fig. 1), this should be underpinned by a person centred approach. Details about person centred planning can be found at [SENCO Guide](#)

Fig 1.



We understand that children and young people (CYP) do not fit neatly into a single category of need. Many CYPs will have needs across a range of areas and will receive support from a number of professionals including SEND and those working towards supporting wellbeing. The tools in this document can be used flexibly across a school's provision map so that a range of needs can be supported by the appropriate strategies and staffing expertise.

## Plymouth Early Help

*'Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.'*

Working Together to Safeguard Children 2018

All children receive Universal Services from health and education. However some children will need extra support in order to be healthy, safe and to achieve their potential.

We want all our children and young people, including those with SEND, to achieve the best possible outcomes and receive the support they need when they need it most.

As part of holistic assessment and planning for all children the processes outlined in 'Keeping Children Safe in Education' are expected to be followed and applied at each stage of the graduated approach.

In Plymouth, we have built on the SEND pathway of support and the wider 'Early Help' continuum to develop one, integrated, holistic graduated approach which is captured in the Early Help Assessment Tool (EHAT). This pathway will enable practitioners to work with children, young people and their families ensuring they receive the right support when they need it most. For children with SEND the assess, plan, do review process to meet their needs may be used to inform that EHAT process. More information about the EHAT can be found at [Plymouth Local offer - EHAT](#)

The graduated approach described in this document focuses predominantly on a graduated approach for SEND in schools (fig. 2), but whenever necessary it should be used as part of a wider early help offer that seeks to gain a holistic perspective of the child's needs.

## Adopting a Multi-agency Approach

These documents provide a framework for assessment, planning and support in each of the four areas set out in the SEND CoP. Many learners have needs across more than one category and certain conditions may not fall neatly into one area of need. Guidance to help with assessing special educational needs and managing provision, is divided into universal, targeted and specialist levels.

Some learners will need assessment and advice from a range of professionals. Schools should consider involving specialists, including those secured by the school itself or from outside agencies (CoP 6.58). A school should always consider involving professionals where a learner continues to make little or no progress, or where they continue to work at levels substantially below those expected, despite evidence-based SEN support delivered by appropriately trained staff. This way of working is referred to as a multi-agency approach and is usually coordinated by the SENCO.

Professionals may include, but are not limited to:

- specialist teachers or support workers e.g., teachers with a mandatory qualification for children with hearing and/or visual impairment
- educational psychologists
- Child and Adolescent Mental Health Service (CAMHS) professionals
- therapists, including speech and language therapists, occupational therapists and physiotherapists
- a range of medical professionals e.g. pediatricians
- social workers in appropriate cases

In Plymouth advice and consultation as part of the free local offer is available from, but not limited to, the following Services.

- Plymouth Children’s Early Help Team [Early Help - Plymouth Safeguarding Children Partnership \(plymouthscb.co.uk\)](https://plymouthscb.co.uk) and SEND helpline for advice and consultation around early help assessment [Plymouth Early Help and SEND Advice line | PLYMOUTH.GOV.UK](https://plymouth.gov.uk) working together to provide integrated multi-agency support
- [Inclusion Attendance and Welfare](https://plymouth.gov.uk) Service (Plymouth City Council)
- [SEND Service](https://plymouth.gov.uk) (PCC Services)
  - Early Years Inclusion Service [Plymouth Early Years Inclusion Service | PLYMOUTH.GOV.UK](https://plymouth.gov.uk)
  - Educational Psychology Service (PCC) <https://www.plymouthonlinedirectory.com/plymouthlocaloffer/educationalpsychologyservice>
  - Communication and Interaction Team [Communication Interaction Team - Plymouth Online Directory](https://plymouth.gov.uk)
  - Sensory Support Team - Hearing and Visual impairment [Plymouth Advisory Team for Sensory Support \(PATSS\) - Plymouth Online Directory](https://plymouth.gov.uk)
  - SEND Occupational Therapy Team [Occupational Therapy for children and young people | PLYMOUTH.GOV.UK](https://plymouth.gov.uk)
  - Short Breaks for Disabled Children [Short breaks for your disabled child - Plymouth Online Directory](https://plymouth.gov.uk)
- [Virtual School](https://plymouth.gov.uk) for Looked After Children (PCC)
- [Woodlands School - Outreach](https://plymouth.gov.uk) for pupils with complex physical disabilities

#### Health

- [CAMHS](https://plymouth.gov.uk) Child and Adolescent Mental Health: specialist services and support workers in schools (Livewell Southwest)
- [School Nursing Service](https://plymouth.gov.uk) (Livewell Southwest)
- [Speech and Language Therapy Service](https://plymouth.gov.uk) (Livewell Southwest)

#### Outreach from Plymouth Special schools

- [Courtlands School](https://plymouth.gov.uk) and ACE (Transforming Futures MAT) (commissioned from the provider)
- [Quay Partnership Plymouth - Plymouth Online Directory](https://plymouth.gov.uk) outreach offer from Plymouth Special Schools (commissioned from the Providers)

## Groups to which this framework is applicable

The tools in this framework aim to ensure a graduated approach to meeting the needs of pupils between key stage 1 and key stage 4 in one or more of the following categories:

1. Pupils with special educational needs and disabilities (SEND)
2. Pupils in danger of missing education



3. Pupils with medical conditions
4. Young carers
5. Children supported by 'Children's social care'

## **1. Pupils with SEND**

### **What is a special educational need?**

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her (6.15 CoP).

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

Has a significantly greater difficulty in learning than the majority of others of the same age  
**or**

Has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions (Children & Families Act, Part 3, section 20)

### **What is a disability?**

A person is disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities

- 'substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed
- 'long-term' means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection (section 6)

The Act provides for certain people to be deemed to meet the definition of disability without having to show that they have an impairment that has (or is likely to have) a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities

For a more detailed explanation, please see the useful information section on page 3.

## **2. Pupils in danger of missing education**

### **How is a pupil in danger of missing education defined?**

Children missing education are vulnerable; it is essential that all services work together to identify and re-engage these children back into appropriate education provision as quickly as possible. It is important to establish the reasons for the child being at risk of missing out on education at the earliest possible stage; the list below is not exhaustive but provides examples of reasons for children being in danger of missing from education:-

- Emotionally based school non attendance
- At risk of permanent exclusion
- Challenging behaviour
- Reduced timetable
- Low attendance
- Medical needs which prevents them from attending school
- Have unidentified/unmet SEND needs

### **When does a pupil become ‘at risk of permanent exclusion’?**

Work between the local authority and schools has identified a number of early signs that can identify if a child is in danger of permanent exclusion. These can include risk taking behaviour, unmet SEND, disabilities which impact on behaviour in school and children in need of help and protection, including those in care. In these instances schools must only use permanent exclusion as a last resort and when nothing else will do.

Schools must ensure that in carrying out their duties they have had due regard to relevant, overlapping guidance. For example, guidance relating to behaviour management, exclusion, social emotional and mental health and guidance on the role of the designated teacher for looked after and previously looked after children.

Further information can be found in the SEMH section of this document.

### **Alternative provision**

Alternative provision (AP) refers to education a pupil receives away from their school, arranged by local authorities or by the schools themselves. The best AP offers some of the greatest expertise of working with children with challenging behaviour and additional needs – offering advice, outreach and short-term placements that help children get back on track and help divert them from the pathway to missing education. There are a variety of organisations which provide AP in Plymouth, it is essential that any AP commissioned by a school has a clear framework contract in place and that any commissioned places are driven by high quality outcomes for CYP so that they can be supported to maintain their place in school.

## **3. Pupils with medical conditions**

### **At what point does a pupil’s medical condition require a plan?**

DfE guidance (see useful information section) indicates that pupils' medical conditions can include both physical and/or social, emotional and mental health needs. Medical conditions would be included within the scope of this document as part of a graduated approach depending on the short and/or long term nature of the pupil's conditions. Multi-agency work with medical professionals is indicated as appropriate according to individual need. Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions (including mental health). They provide clarity about what needs to be done, when and by whom. They are often essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, the plans are helpful in the majority of cases where a pupils medical conditions are long-term and complex.

In particular, long-term absences due to health problems affecting children's educational attainment impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

#### **4. Young Carers**

'A young carer means a person under 18 who provides or intends to provide care for another person' [Children and Families Act section 96 2014]. This support is practical or emotional and ongoing care is given to another person.

'A young carer becomes vulnerable when their caring role risks impacting upon their emotional or physical wellbeing or their prospects in education and life' [Care Act Statutory Guidance 6.48 2014].

The Department for Education (DfE) Recognises young carers as a vulnerable group.

Plymouth takes a graduated approach to supporting young carers and further information about the support offered to young carers, parents and professionals can be found at: [Support for Young Carers in Plymouth- POD](#)

Young carers are entitled to a holistic transition assessment before they reach the age of 18. Please see the transition pathway planning document for more information along with a report by the Children's Society (commissioned by the Department of Health and Social Care) which identifies and disseminates effective practice to support and enable Young Adult Carers to make positive transitions between the ages of 16 and 24.

[Children's Society report](#)

[Local-Offer - Transition Pathway Planning](#)

## 5. Children Supported by Children's Social Care

Children supported by Children's Social Care are Children in Need of help or protection, including looked after children, as well as those who have left care through adoption, Special Guardianship or Child Arrangement Orders.

Children who require support from Children's Social care may have experienced trauma including abuse and neglect and lived in complex family circumstances. This can have significant consequences for education and increases the prevalence of social, emotional and mental health needs.

(DfE Help, protection, education: concluding the Children in Need review June 2019)

The Timpson Review (DfE 2017) also identified that this group of children and young people are more likely to be excluded from school.

### Pupils with EAL

It is important to establish if a child who has English as an additional language (EAL) and causing concern is demonstrating expected patterns of development or whether their delay or difficulties are beyond their EAL needs.

### Other vulnerable learners

The Plymouth Graduated Approach to inclusion framework can be used to support all groups of vulnerable learners.

## Using the framework

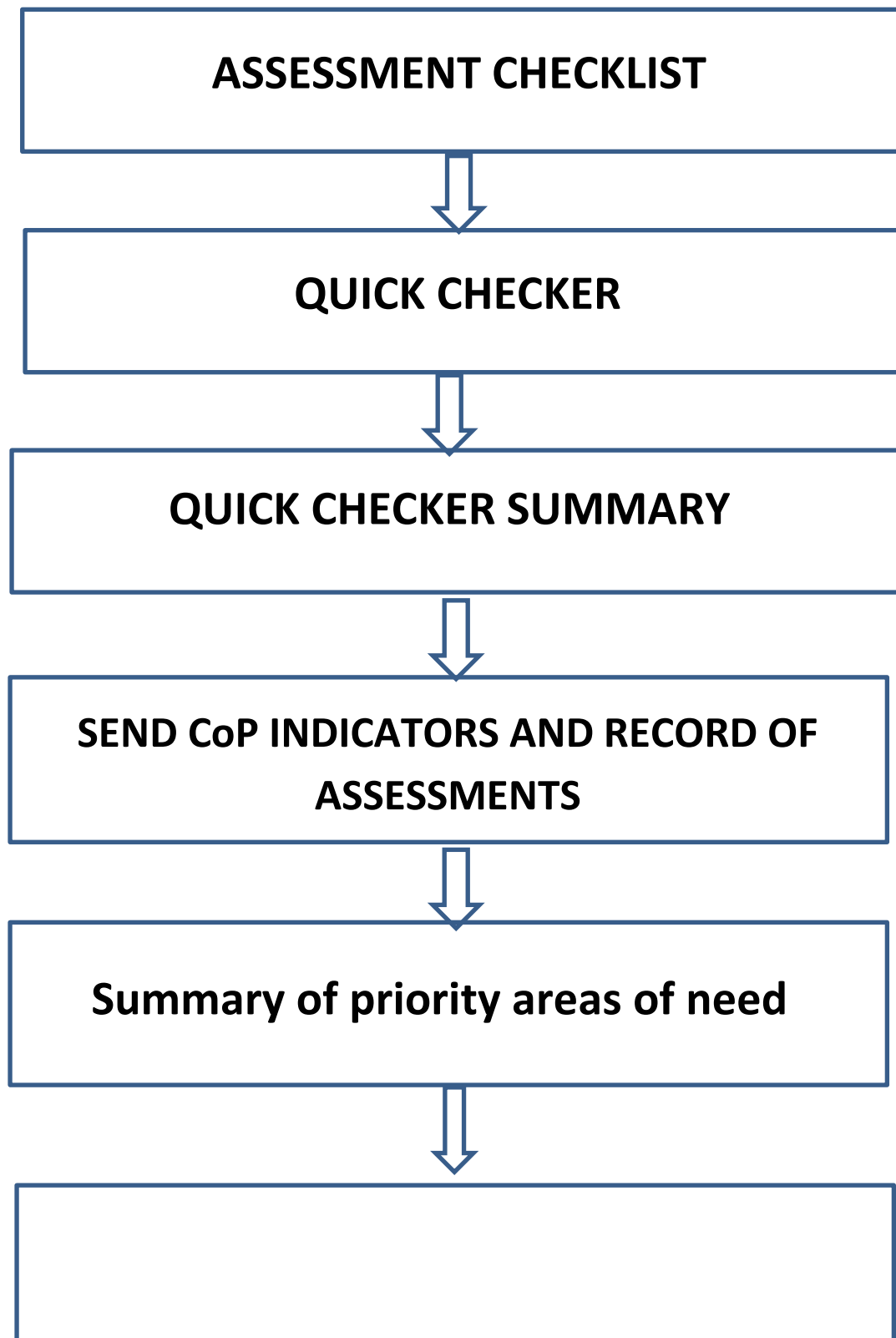
This framework provides a point of reference for setting staff when deciding which level of the graduated response pupils are working at so that an effective assess, plan, do, review cycle can be implemented (Fig. 1). Therefore, this framework will complement any statutory or non- statutory guidance relevant to meeting the needs of a particular pupil.

It is up to the SENCO to decide the most appropriate member of staff to complete the document. This can be the SENCO, the class teacher or other appropriate member of staff. However, the SENCO must retain oversight of the process.

An assessment checklist is provided to ensure all assessment processes are followed and this should be completed first. The 'quick checker' should be used as a screening tool at the initial conversation with a family before progressing into the 'assess' section in order to identify gaps in provision or new ideas for working with individual pupils.

1. The member of staff (MoS) should complete the 'assessment checklist' before meeting with the parent/carer. This can then be updated on an ongoing basis.
2. The MoS and family should complete the 'quick checker' and the 'quick checker summary' document together at the initial meeting. The family should be given the links to all documentation prior to meeting.

3. Once broad areas of concern have been identified, the MoS should complete those relevant 'SEND CoP indicators' and corresponding 'record of assessment' sections.
4. The MoS should then complete the 'summary of priority areas of need' form
5. The MoS should use all information gathered to complete the Plan and Review section of the GATI (part 2).'
6. The MoS and parent/carer should meet again and information should be shared. The assess, plan, do, review cycle should begin.



## Continue to plan and review document

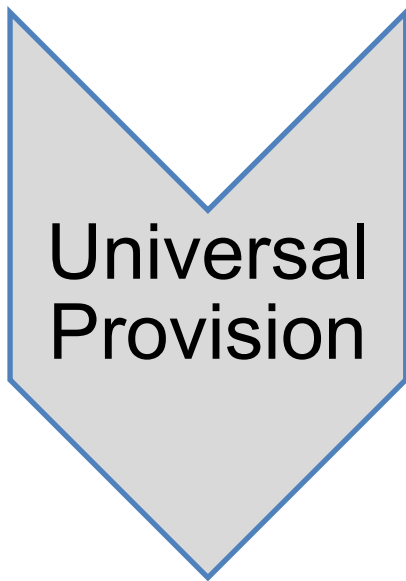
This document can also:

- be used as an audit tool for individual pupils or for setting practice, so that staff can check they are providing appropriate and purposeful support for pupils at different levels
- provide clarity and transparency when explaining to families or professionals the provision school provides for individual pupils
- be used as a framework for CPD for all school staff
- be used by Plymouth Local Authority to determine whether schools/settings are making appropriate provision to meet the needs of all pupils and to help determine whether schools/settings have taken sufficient, relevant and purposeful action before requesting additional resources.

**This framework aims to build on the good practice that is already evident in schools/settings by developing robust systems and processes, and improving staff skills for responding to pupils' needs.**

Fig 3.

**The 3 levels of SEN provision within the Approach**



## How to use this tool electronically:

1. Use the 'Save as' command to save a copy of the document. Name the file so that it will uniquely identify the child or young person
2. There are forms to guide thinking processes and record information on each page. Teachers and SENCOs may fill them in as wished. The document has not been 'protected' so that users can modify the forms, adding their own indicators, strategies, resources and web links. **Warning:** the document is divided by section breaks, deleting or amending these will affect the headers and footers and is generally a bad idea!
3. With the exception of the Quickchecker, it is suggested that dates in mm/yy style should be entered into tables. This enables the profile tool to be used over time to record information
4. Some forms have a space for comments to record actions. It is suggested that other evidence for information could be linked to by inserting hyperlinks to relevant documents (e.g. School-based My Plans, reports, assessments) saved locally or by paper documents being signposted (e.g. "see School-based My Plans dated...").

## How to use this as a paper document

Whilst this tool has been designed for electronic use, if users prefer a paper version, it should print reasonably well. Please note that some areas at the page margins may be lost. Large spaces for handwriting text into tables/forms are not a feature, if desirable spaces could be enlarged before printing.



## Quickchecker

Y/N?

<b>Communication and interaction</b>	
<i>There are concerns about...</i>	
the pupil's attention and/or listening skills – their ability to focus their attention and participate in group work or language based activities	
the pupil's receptive language – their ability to understand spoken language	
the pupil's expressive language – their ability to use language to communicate with others	
the pupil's speech sound development – their ability to produce and/or discriminate between the sounds necessary for clear, intelligible speech	
the pupil's social communications – their ability to use language appropriately and successfully in social situations	
the pupil's uneven learning profiles and learning preferences i.e. they do not follow the usual developmental patterns	
the pupil's communication skills e.g. verbal and non-verbal	
ability to recognise the feelings, perspectives or empathise with others and respond appropriately	
the pupil's social development e.g. capacity to 'share interest' and/or 'share attention'	
the pupil's rigidity of thought e.g. ability to manage changes in routine	
the pupil's sensory skills e.g. over sensitivity or under sensitivity to sensory stimuli	
<b>Cognition and learning</b>	
<i>There are concerns about...</i>	
the pupil's lack of progress, even when differentiated teaching approaches are targeted at areas of weakness	
the pupil's performance levels i.e. they are below the level within which most pupils are expected to work	
the pupil's indicative test scores are below expected levels	
the pupil's attainment in underlying skills which is beginning to interfere with their ability to make appropriate progress e.g. skills in speech and language, literacy and numeracy	

the pupil's difficulty in dealing with abstract ideas, generalising from experience, and/or using problem solving skills	
the pupil's attitude and/or approach to learning which is restricting access to the curriculum e.g. pupil is demotivated, disorganised or lacks independent learning skills (despite motivating and differentiated teaching approaches)	
the pupil's cognitive development e.g. capacity to sustain concentration or self-direct their learning, resist distraction, hold and manipulate in the short term memory	

### **Social, emotional and mental health**

*There are concerns about...*

the pupil's learning behaviours are negatively affecting the pupil's and/or peers' access to learning	
the pupil's social behaviour, which is negatively affecting the pupil's and/or peers' access to learning	
the pupil's emotional wellbeing or mental health, which is negatively affecting the pupil's and/or peers' access to the curriculum	
the frequency with which the pupil reaches the limit of normal school/setting sanctions or behaviour recovery steps	
the level of adversity the child has faced – their resilience	
how early experiences may be having an ongoing impact – their resilience	
the ability to deliver appropriate interventions	

### **Sensory and physical**

*Areas of concern...*

the pupil presents with having a visual impairment which is affecting their learning e.g. holds books very closely or at an unusual angle, fails to respond to non-verbal instructions, loses place when reading, skips lines and struggles to find text on a page	
the pupil presents with having a hearing impairment which is affecting their learning e.g. distractible, poor listening skills in a busy environment, asks you to repeat instructions	
the pupil presents with poor speech intelligibility due to a motor speech difficulty	

the pupil presents with having a multi-sensory need which is affecting their learning e.g. have a dual sensory loss where both vision and hearing are recued	
the pupil's physical skills/needs are affecting their learning / access to the curriculum	
the pupil's medical needs are affecting their access to the curriculum	

## Quickchecker Summary

Please indicate areas of concern identified by school, parents and pupil

<b>Area of Need</b>	<b>School/setting Concern (Date &amp; comment)</b>	<b>Parent Concern (Date &amp; comment)</b>	<b>PUPIL Concern (Date &amp; comment)</b>
<b>Communication &amp; Interaction</b>			
<b>Cognition &amp; Learning</b>			
<b>Social, Emotional and Mental Health</b>			
<b>Sensory &amp; Physical</b>			

At this point it is important to consider other possible contributing factors such **as EAL, poor attendance** or **safeguarding** issues.

## Assessment checklist

**In order to identify a child or young person as needing SEN support, the class or subject teacher, working with the SENCO, should establish a clear analysis of needs (SEND Code of Practice: 0-25 years)**

	<b>Date and Comment</b>
<p>Discussion with the pupil's parents/carers, to establish their views and experience of the PUPIL and their needs; Signpost parents/carers to Plymouth's Local Offer information and to independent parent support from Plymouth Information Advice and Support for SEND</p>	
<p>Discussion with the <b>child or young person</b>, where appropriate, to establish their views on what they consider their strengths and areas for development to be;</p>	
<p>If applicable, discussion with any <b>outside practitioner</b> from health or social care whom the PUPIL is already known to;</p>	
<p><b>Teacher assessments</b>, including teacher's knowledge and experience of the PUPIL;</p>	
<p>Analysis of progress in comparison to the pupil's peers with reference to <b>school data, national data and expectations</b>. As part of the Plan, Do, Review Cycle analysis of individual progress following interventions at each review provides further assessment information</p>	

## SEND Indicators: Communication & Interaction

Enter date (mm/yy) for <b>Frequent, Occasional</b> or <b>Rare/Never</b> to indicate frequency of support  Date <b>Specialist</b> when internal or external specialist advice is in place	<b>Rare/Never</b>	<b>Occasional</b>	<b>Frequently</b>	<b>Specialist</b>
<b>Social interaction and development</b> <i>The pupil requires support to...</i>				
develop skills to interact with peers e.g. simple negotiation, turn taking				
undertake tasks and interaction confidently				
initiate conversation and respond to questions or comments				
engage in parallel, cooperative, imaginative and interactive play with a range of equipment				
work or play games in a group e.g. may find groups intolerable even with persuasion or takes control without listening to others				
develop self-confidence and establish a positive self-image				
communicate with peers e.g. shows frustration/aggression when not understood				
understand and comply with the rules of social interaction e.g. turn taking, eye contact, listening to others, participating in playground games, group work				
share equipment e.g. will usually move away or give item up				
work or play interactively in a group and recognise the importance of involvement				
make appropriate social approaches to adults and peers e.g. lack of personal space or privacy, inappropriate touch/smelling/lucking				
develop awareness and degree of control over socially inappropriate behaviours and noises				

respond to the needs of others e.g. finds a different friend when a peer doesn't want to play				
<b>Other:</b>				
<b>Attention and listening</b>				
<i>The pupil requires support to...</i>				
make appropriate attempts to request attention				
respond appropriately to adult directed activities				
participate in classroom activities dependent on listening e.g. in topic discussion may be off task or disruptive				
manage transition from one activity to another easily				
demonstrate shared attention with others e.g. sharing looking at a book				
<b>Other:</b>				

Enter date (mm/yy) for <b>Frequent</b> , <b>Occasional</b> or <b>Rare/Never</b> to indicate frequency of support Date <b>Specialist</b> when internal or external specialist advice is in place	<b>Rare/Never</b>	<b>Occasional</b>	<b>Frequently</b>	<b>Specialist</b>
<b>Understanding language and communication</b>				
<i>The pupil requires support to...</i>				
understand new vocabulary and concepts, including abstract information which does not relate to the 'here' and 'now'				
responds to a range of different questions words e.g. what, who, where				
recognise when they have not understood				
understand whole instructions e.g. instructions will usually need to be broken down and supported by gesture				
follow and remember instructions e.g. does not recognise that group instructions apply to themselves or only remembers part of the instruction				

understand new vocabulary and concepts, including abstract information e.g. time, space, quantities				
avoid literal interpretation of language and understand humour and sarcasm				
interpret non-verbal language such as facial expressions, gesture and tone of voice				
apply and transfer knowledge and vocabulary/concepts across subjects or situations				
understand the difference between facts/reality and fiction/fantasy				
<b>Other:</b>				
<b>Expressive (<i>spoken</i>) language and communication</b>				
<i>The pupil requires support to...</i>				
engage in meaningful two-way exchanges e.g. start, maintain and end conversations appropriately				
use language for different purposes e.g. to ask questions, describe, give information				
develop utterances above three or four words, including more than nouns and verbs e.g. adjectives like ' <b>cold</b> '				
reduce repetitive/obsessive use of language which may dominate conversational style				
Develop grammatical markers such as plurals, verb tenses, and include 'little' words such as pronouns and determiners, is/are/can/will				
retain and use specific vocabulary e.g. topic words				
make relevant contributions to class/group discussion				
use simple narrative e.g. tell a story and recall past events				
develop speaking and listening skills to access the curriculum and in line with peers				
<b>Other:</b>				

Enter date (mm/yy) for <b>Frequent, Occasional</b> or <b>Rare/Never</b> to indicate frequency of support  Date <b>Specialist</b> when internal or external specialist advice is in place	<b>Rare/Never</b>	<b>Occasional</b>	<b>Frequently</b>	<b>Specialist</b>
<b>Intelligibility</b> <i>The pupil requires support to...</i>				
develop more mature speech sounds and consistency in sound production e.g. not substituting sounds 'I dowing home in the tar'				
attempt to improve intelligibility when context is not obvious and make themselves understood				
develop sound awareness e.g. skills in syllable and rhyme, blending and segmentation				
develop more mature speech sounds in one/a few specific areas e.g. avoiding simplifying consonant blends such as 'moke' for 'smoke'				
make themselves understood in all situations e.g. may use strategies other than speech to communicate				
<b>Other:</b>				
<b>Flexibility of thought</b> <i>The pupil requires support to...</i>				
share interest e.g. will only look at books which contain a particular character				
be flexible about rules and tolerate others breaking them				
follow another person's agenda/adult directed process				
manage preference for things to be the same e.g. the same seat or place for equipment				
become less reliant on obsessive objects, topics or activities				
make appropriate choices or decisions particularly at unstructured times				
manage over-arousal or frustration especially at transition times				



manage reaction to specific changes to routine or unexpected outcomes e.g. trips, Christmas play				
engage and learn in creative /open-ended tasks				
manage home-school links				
<b>Other:</b>				
<b>Sensory processing</b>				
<i>The pupil requires support to...</i>				
develop physical coordination e.g. appears clumsy, can't string a simple movement sequence together, may dribble				
develop balanced sensitivity to sensory information – may show over/under sensitivity e.g. overwhelmed by noisy/visually stimulating room or show lack of awareness of pain				
avoid self-harm or harming others when agitated				
participate in activities dependent upon physical coordination				
develop awareness of/have strategies to manage physical reactions such as flapping, rocking, tooth grinding, tapping				
<b>Other:</b>				

**Assess Impact**

Consider the following question and record priority areas of need in the summary table

**Access Impact: Summary of Priority Areas of Need**

**What is the key barrier for access to learning for this pupil?**

## Record Assessments

Use this space to record or link to relevant assessments/reports

Relevant Assessments/Reports				
Assessment/Report	Date	Chronological Age	Standard Score	Age Equivalent Score

### Decide

Do assessments show that the PUPIL has a **special educational need** or **disability**?

If **Yes** – Proceed to **Plan** or select another **area of need** to assess further needs.

- Communication & Interaction
- Cognition & Learning
- Social, Emotional and Mental Health
- Sensory & Physical

## SEND Indicators: Cognition & Learning

CoP (6.23) Slow progress and low attainment do not necessarily mean that a child has SEN and should not automatically lead to a pupil being recorded as having SEN.

Please refer to EYFS Assessment indicators, if appropriate to pupil's development

Enter date (mm/yy) for <b>Frequent, Occasional</b> or <b>Rare/Never</b> to indicate frequency of support Date <b>Specialist</b> when internal or external specialist advice is in place	<b>Rare/Never</b>	<b>Occasional</b>	<b>Frequently</b>	<b>Specialist</b>
<b>Reading</b> <i>The pupil requires support to...</i>				
take part in discussion about stories read to them, either with the whole class or individually with an adult				
become familiar with key stories, fairy stories and retelling them to others				
read high-frequency words (e.g. <b>he, she, was, my, you</b> ) automatically despite many opportunities for revision				
move away from a phonic strategy to a whole word strategy for high frequency and commonly occurring words				
read many of the common exception words from the first 100 high frequency words				
understand reading materials as a result of continuing effortful decoding, low reading rate or limited language skills, and despite well-founded intervention to encourage comprehension strategies				
<b>Other:</b>				
<b>Phonics</b> <i>The pupil requires support to...</i>				
understand early reading concepts such as letter/grapheme, sound/phoneme, syllable				
use phonological skills such as blending/segmenting to read/record consonant-vowel-consonant words despite high quality teaching and support				

recognise rhyme, use alliteration and identify syllables				
give pure sounds for (the majority of) single letters automatically (i.e. respond speedily) despite many opportunities for practice and revision				
read pseudo-words from and following the Y1 statutory phonics screening check and decode common regular words				
automatically recognise single letters and most common digraphs				
read quickly those words the pupil encounters repeatedly				
<b>Other:</b>				
<b>Recording</b>				
<i>The pupil requires support to...</i>				
recall the formation of letter shapes despite many opportunities for practice and revision				
spell early high frequency words (e.g. <b>he, she, was, my, you</b> ) despite many opportunities for practice and revision				
compose a simple sentence orally before attempting to write it down				
make phonically plausible attempts at consonant-vowel-consonant words despite high quality teaching and support				
write simple sentences with simple punctuation				
<b>Other:</b>				

Enter date (mm/yy) for <b>Frequent, Occasional</b> or <b>Rare/Never</b> to indicate frequency of support Date <b>Specialist</b> when internal or external specialist advice is in place	<b>Rare/Never</b>	<b>Occasional</b>	<b>Frequently</b>	<b>Specialist</b>
<b>Maths</b> <i>The pupil requires support to...</i>				
recognise and name numerals				
understand one-to-one correspondence				
demonstrate an understanding of the concepts of 'more' and 'less'				
recognise a small number of objects (e.g. 4 items) and estimate a large number				
understand the concept of place value and exchange (e.g. that 10 ones can be represented as 1 ten)				
identify one more and one less than a given number; count forwards and backwards in ones and twos				
recall number bonds to 20 despite well-founded intervention and repeated opportunities to relate knowledge to hands-on materials				
know and use simple mathematical symbols (e.g. + - =) despite repeated exposure				
sort and classify objects, shapes and numbers according to simple attributes and when using 'hands-on' resources				
have persistent difficulty with simple sequences of e.g. numbers, patterns, days of the week etc.				
name common 2-d shapes despite repeated exposure and learning				
<b>Other:</b>				
<b>Attitude/approach to learning</b> <i>The pupil requires support to...</i>				
demonstrate age-appropriate independent learning skills e.g. using simple strategies that have been explicitly taught				

maintain attention and interest on an adult directed task for approximately 10 minutes				
engage and persevere with challenging tasks for a short time				
believe in their ability to overcome challenge				
can consider available options/strategies and justify choice				
<b>Other:</b>				

**Assess Impact**

Consider the following question and record priority areas of need in the summary table

**Access Impact: Summary of Priority Areas of Need**

**What is the key barrier for access to learning for this pupil?**

## Record Assessments

Use this space to record or link to relevant assessments/reports

Relevant Assessments/Reports				
Assessment/Report	Date	Chronological Age	Standard Score	Age Equivalent Score

### Decide

Do assessments show that the PUPIL has a **special educational need** or **disability**?

If **Yes** – Proceed to **Plan** or select another **area of need** to assess further needs.

- Communication & Interaction
- Cognition & Learning
- Social, Emotional and Mental Health
- Sensory & Physical

## SEND Indicators: Social, Emotional and Mental Health needs

This section describes children and young people who have greater needs than most of their peers for support with their social and emotional development, mental health and wellbeing. The Code of Practice (CoP) describes social emotional mental health needs as:

‘Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder’ (6.32).

Persistent disruptive or withdrawn behaviours do not necessarily mean that a child or young person has SEN (CoP 6.21). Where there are concerns, there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with communication or mental health issues. If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour a multi-agency approach, supported by the use of approaches such as the Early Help Assessment, may be appropriate. In all cases, early identification and intervention can significantly reduce the use of more costly intervention at a later stage.

It is important that schools identify special educational needs in terms of their **primary** needs. An unmet SEN such as a learning need will most likely result in an additional social, emotional or even a mental health (SEMH) need .

The **presentation of poor behaviour** does not necessarily mean that a child/young person has a behavioural problem, mental health difficulty or a SEN. For example;

- Impolite to an adult may merely be an indication of a relationship fall out as opposed to SEN
- Display of anxious behaviour may be linked with particular events in and outside of school that can pass with time i.e. family separation, school exams etc.

It is recommended that when completing this section schools are mindful of the extent to which environmental and familial factors are thought to be influencing the presentation of behaviour seen. A functional analysis of the presenting need is helpful to consider potential emotional and environmental triggers and reinforcers.

Certain individuals or groups are more at risk of developing SEMH needs than others. Risks can relate to the child/young person, family or to their community or life events such as trauma (see appendix 1). This tool should be considered alongside other information known about the child/young person and family in order to identify needs holistically.



[DfE Guidance Mental Health and Behaviour in Schools \(Nov 2018\)](#) outlines risk and protective factors. Information may be drawn from a range of professionals including other school staff i.e. it may be that the primary need is environmental and the child/young person needs safeguarding.

It is recommended that schools use the assessment triangle where appropriate (appendix 2) and undertake an **Early Help** Assessment [Plymouth Local Offer - EHAT](#) for further advice, where required.

It is perhaps not surprising that children who are either in care or have been previously looked after and have an identified SEND need, have SEMH as the primary area for concern. Schools should refer to the statutory guidance for designated teachers to identify their areas of responsibility: [Designated Teacher for looked after children](#)

Further information and resources can be found at the PCC Virtual School web pages:

[Educating looked-after children \(virtual school\)](#)

Schools **must not** diagnose mental illness (this is a medical diagnosis reached by medical professionals). Assessment tools such as SDQ, Thrive, Boxall profile etc. will highlight individual strengths and needs and support schools to identify suitable support and provision. Multi-professional involvement where appropriate will enable detailed assessments. Schools may wish to consult with their link CAMHS professional and/or PCC link Educational Psychologist.

<https://www.plymouthonlinedirectory.com/plymouthlocaloffer/educationalpsychologyservice>

Enter date (mm/yy) for <b>Frequent, Occasional</b> or <b>Rare/Never</b> to indicate frequency of support Date <b>Specialist</b> when internal or external specialist advice is in place	<b>Rare/Never</b>	<b>Occasional</b>	<b>Frequently</b>	<b>Specialist</b>
<b>Social development</b> <i>The pupil requires support to...</i>				
understand responsibility for choices				
understand and learn to be calm and gentle/considerate to other pupils				
understand and learn to be calm and gentle/considerate to adults				
share toys/equipment or adults with other pupils				
form and maintain basic relationships				

respect another's personal space				
tolerate or accept friendly approaches from other pupils				
behave appropriately in social situations towards adults				
help other pupils when they are upset				
await their turn in a group				
take part in an adult led group activity				
ask for, or accept help appropriately				
accept guided direction				
<b>Other:</b>				

Enter date (mm/yy) for <b>Frequent, Occasional</b> or <b>Rare/Never</b> to indicate frequency of support Date <b>Specialist</b> when internal or external specialist advice is in place	<b>Rare/Never</b>	<b>Occasional</b>	<b>Frequently</b>	<b>Specialist</b>
<b>Emotional development and mental health</b>				
<i>The pupil requires support to...</i>				
identify in self and others a range of feelings e.g. happy/sad/angry				
Identify in self and others feelings beyond happy/sad/angry e.g. excited/surprised/disappointed				
understand what makes them feel happy/sad/angry etc. making links between feelings and experiences, surroundings or thoughts				
manage changes in routine or environment, or when things go 'wrong'				
develop positive self-esteem				
show awareness of other's feelings (e.g. sympathy if someone is hurt)				
respond to stories about animals or people with appropriate feeling				

think about another's feelings and take steps that demonstrate this				
communicate feelings to others/discuss concerns with staff when upset				
other class members to feel safe in their presence				
be aware of behaviour that puts self or others at risk				
avoid self-harming behaviours				
show happiness when appropriate e.g. receiving praise				
try things that are difficult				
accept the sensitive correction of mistakes				
to accept praise, or needs praise in a way that is different to norms				
<b>Other:</b>				
<b>Self-regulation</b>				
<i>The pupil requires support to...</i>				
give purposeful attention to an activity				
Recognise potential negative consequences before acting				
calm themselves after being upset				
control angry feelings e.g. inhibit physical aggression towards pupils/adults				
Manage excited feelings so that they are not overwhelmed				
Manage worried/anxious feelings so that they are not overwhelmed				
Think things through before acting				
attend school consistently				
stay on school site				
give attention to an adult/range of adults				
start adult directed activities				

make safe, appropriate and purposeful use of materials provided				
work alongside other pupils without interfering with them or causing a disturbance				
resist calling out or making noise at inappropriate times				
<b>Other:</b>				

**Assess Impact**

Consider the following question and record priority areas of need in the summary table

**Access Impact: Summary of Priority Areas of Need**

**What is the key barrier for access to learning for this pupil?**

## **Record Assessments**

Use this space to record or link to relevant assessments/reports

<b>Relevant Assessments/Reports</b>				
<b>Assessment/Report</b>	<b>Date</b>	<b>Chronological Age</b>	<b>Standard Score (if applicable)</b>	<b>Age Equivalent Score (if applicable)</b>

### **Decide**

Do assessments show that the PUPIL has a **special educational need** or **disability**?

If **Yes** – Proceed to **Plan** or select another **area of need** to assess further needs.

- Communication & Interaction
- Cognition & Learning

- Social, Emotional and Mental Health
- Sensory & Physical

## SEND Indicators: Sensory Needs

This section has been sub-divided into:

### Sensory needs

### Physical needs

### Medical needs

Enter date (mm/yy) for <b>Frequent, Occasional</b> or <b>Rare/Never</b> to indicate frequency of support Date <b>Specialist</b> when internal or external specialist advice is in place	<b>Rare/Never</b>	<b>Occasional</b>	<b>Frequently</b>	<b>Specialist</b>
<b>Visual impairment</b> <i>Behaviours noticed...</i>				
does the pupil hold books very close or at an unusual angle?				
does the pupil fail to respond to non-verbal instructions e.g. facial expressions?				
do they lose their place when reading, skip lines or struggle to find text on a page?				
do they have difficulty finding dropped items?				
do they close or cover one eye when reading or working on near/close activities?				
do they show hesitancy when walking?				
do they show lack of confidence in group activities?				
do they have a short attention span when reading or writing?				
do they have a poor or unusual sitting posture when reading?				
does the pupil tilt their head excessively to one side up, or down?				
do they make excessive head movements when reading?				
does the pupil squint or frown to see the board clearly?				

do they close or cover one eye when reading or working on near/close activities?				
do they rub their eyes frequently?				
do they peer at distant objects?				
do they bump into things or knock things over?				
does the pupil have an obvious tendency to favour one eye?				
do they have poor performance or show lack of interest in sports/outdoor activities, poor hand/eye co-ordination?				
do they have poor memory and concentration?				
is the pupil nervous, irritable, tense or restless after maintaining visual concentration?				
does the pupil make errors in copying at near or from a distance?				
<b>Other:</b>				
<i>does the pupil also have an identified hearing impairment (see below)</i> <i>If Yes; do they require assessing as a multi-sensory impaired learner?</i>				

Enter date (mm/yy) for <b>Frequent, Occasional</b> or <b>Rare/Never</b> to indicate frequency of support Date <b>Specialist</b> when internal or external specialist advice is in place	<b>Rare/Never</b>	<b>Occasional</b>	<b>Frequently</b>	<b>Specialist</b>
<b>Hearing impairment</b> <i>Behaviours noticed...</i>				
do they tell you or do you know when their hearing aid isn't working?				
does the pupil tell you when they haven't heard/understood what you have said or constantly says 'what'?				
do they ask you to repeat instructions or fail to respond to instructions within an expected timeframe?				
does the pupil have issues with friendship groups or issues with socialising with peers?				
how often does the PUPIL become distracted/ lose focus in comparison to peers?				
after instruction, does the PUPIL have difficulty in starting the task (e.g. looks at other pupils or asks for help)?				
does the pupil complain about/become upset by loud sounds or become startled when people come into their line of vision?				
in a quiet place do they respond to a familiar voice or to their name the first time you call when they can't see your face? E.g. do they turn their head and smile, look up, respond verbally?				
do they have difficulty expressing their needs clearly?				
are they difficult to understand if the context is not known?				
do they use alternative means to speech to try and express themselves e.g. gestures, taking and pointing				
do they withdraw from social situations?				
is their speech grammatically immature? i.e. 'me want car'				
is their language non-specific i.e. 'that one', 'over there'				



are they very quiet in group situations?				
are they making less than expected progress in phonics?				
do they have difficulty joining in appropriately with playground games?				
does the pupil Tire easily				
does the pupil become frustrated easily?				
<b>Other:</b>				
<i>does the PUPIL also have an identified visual impairment (see above)</i> <i>If Yes; do they require assessing as a multi-sensory impaired learner?</i>				

**Assess Impact**

Consider the following question and record priority areas of need in the summary table

**Access Impact: Summary of Priority Areas of Need**

**What is the key barrier for access to learning for this pupil?**

## Record Assessments

Use this space to record or link to relevant assessments/reports

Relevant Assessments/Reports				
Assessment/Report	Date	Chronological Age	Standard Score	Age Equivalent Score

### Decide

Do assessments show that the PUPIL has a **special educational need** or **disability**?

If **Yes** – Proceed to **Plan** or select another **area of need** to assess further needs.

- Communication & Interaction
- Cognition & Learning
- Social, Emotional and Mental Health
- Sensory & Physical

## SEND Indicators: Physical Needs

Enter date (mm/yy) for <b>Frequent</b> , <b>Occasional</b> or <b>Rare/Never</b> to indicate frequency of support  Date <b>Specialist</b> when internal or external specialist advice is in place	<b>Rare/Never</b>	<b>Occasional</b>	<b>Frequently</b>	<b>Specialist</b>
<b>Fine motor skill development</b>				
<i>The pupil requires support to...</i>				
display pre-writing skills required prior to beginning formal handwriting i.e. ○ □ △ + \ / X				
write words with a pen or pencil				
type words by using an ordinary keyboard e.g. limited dexterity to access the keys				
control the mouse using a standard mouse or glidepad				
manipulate tools e.g. scissors, rulers, mathematical equipment, construction equipment				
manage two handed tasks e.g. holding a book and turning a page, cutting with scissors, using a knife and fork, doing up buttons				
complete tasks of daily living e.g. dressing, wiping their face, eating				
complete tasks that they used to be able to do because their fine motor skills are deteriorating				
complete tasks as it takes significantly longer than their peers				
<b>Other:</b>				
<b>Gross motor development</b>				
<i>The pupil requires support to...</i>				
maintain sitting balance				
maintain functional working position in the seat provided				
sit still				

maintain standing balance				
move between equipment e.g. chair to standing, chair to floor				
walk				
carry items whilst walking e.g. tray at dinner time				
engage with tasks/activities at certain times of the day as physical skills may fluctuate or deteriorate				
complete tasks that they used to be able to do because their gross motor skills are deteriorating				
carry out prescribed physiotherapy activities in school				
complete tasks that require sustained strength				
access activities involving throwing and catching or using a bat and ball				
participate in PE lessons				
<b>Other:</b>				

Enter date (mm/yy) for <b>Frequent, Occasional</b> or <b>Rare/Never</b> to indicate frequency of support Date <b>Specialist</b> when internal or external specialist advice is in place	<b>Rare/Never</b>	<b>Occasional</b>	<b>Frequently</b>	<b>Specialist</b>
<b>Energy levels</b> <i>The PUPIL requires support to...</i>				
combat fatigue linked to the condition/ medication/ pain levels and poor sleep patterns /lack of sleep				
maintain full time attendance at school				
manage the impact of fatigue levels on the ability to concentrate and keep up with school work, whilst in school				
pace themselves throughout the day and week				

manage the impact of fatigue levels on the ability to socialise or do school work outside of school				
<b>Other:</b>				
<b>Sensory / Perception</b>				
<i>The PUPIL requires support to...</i>				
access activities involving shape, size and position e.g. puzzles, tables, graphs				
organise themselves to be ready to complete a task				
be aware of others who may be in their physical space (as they may unknowingly knock into them)				
learn new physical skills				
follow age appropriate instructions				
concentrate on the task in hand				
<b>Other:</b>				
<b>Social and emotional</b>				
<i>The PUPIL requires support to...</i>				
develop and maintain social relationships that may be compromised by repeated or prolonged absence				
take part in some classroom or social activities due to restricted mobility e.g. a wheelchair user whose peers play football at lunchtime, a child who walks with a frame so cannot run around the playground with their peers				
maintain self-esteem				
enhance verbal communication as they have difficulty using gesture, facial expression and body language				
interpret gesture, facial expression and body language which support verbal communication				
understand and cope with their emotional needs relating to their condition				
take turns				
not become overly dependent on others				

<b>Other:</b>				
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## SEND Indicators: Medical Needs

Enter date (mm/yy) for <b>Frequent, Occasional</b> or <b>Rare/Never</b> to indicate frequency of support Date <b>Specialist</b> when internal or external specialist advice is in place	<b>Rare/Never</b>	<b>Occasional</b>	<b>Frequently</b>	<b>Specialist</b>
<b>Independence and participation</b> <i>The PUPIL requires support to...</i>				
participate in aspects of school/setting life e.g. playtime, lunch clubs, PE etc.				
learn how to be as independent as possible				
carry out age-appropriate self-care e.g. dressing				
change for PE				
carry out age-appropriate self-care e.g. feeding				
eat because of difficulties with chewing and swallowing				
drink because of difficulties with swallowing				
carry out age-appropriate self-care e.g. toileting				
be aware of toileting needs				
achieve continence				
manage constipation				
manage medication/ medical procedures				
<b>Other:</b>				
<b>Safety</b> <i>The PUPIL requires support to...</i>				

avoid contact with any known triggers e.g. allergic reactions to known substances such as peanuts or lactose				
access learning activities by having staff adapt them to accommodate physical needs e.g. zoning an area in PE so a child does not get knocked				
ensure safety when driving a powered chair				
manage medical needs with adult on hand to monitor condition				
fully access learning ( <i>N.B: a risk assessment and handling plan must be in place if moving and handling is required</i> )				
evacuate a building in the event of an emergency ( <i>N.B: a personal emergency evacuation plan (peep) must be in place</i> )				
<b>Other:</b>				

**Assess Impact**

Consider the following question and record priority areas of need in the summary table

**Access Impact: Summary of Priority Areas of Need**

**What is the key barrier for access to learning for this pupil?**

## Record Assessments

Use this space to record or link to relevant assessments/reports

Relevant Assessments/Reports				
Assessment/Report	Date	Chronological Age	Standard Score	Age Equivalent Score

**Decide:**

Do assessments show that the pupil has a **special educational need** or **disability**?

If **Yes** – Proceed to **Plan** or select another **area of need** to assess further needs.

- Communication & Interaction
- Cognition & Learning
- Social, Emotional and Mental Health
- Sensory & Physical



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## Summary of Priority Areas of Need

- It is recommended that when completing this section schools are mindful of the extent to which environmental or familial factors are thought to be influencing the presentation of behaviours seen
- Prioritise the areas of specific need identified in each section. These will become the focus areas for the planning stage
- Identify which of the highlighted needs are key to moving the pupil on in their learning. These needs should form the basis of the next set of **Desired Outcomes** on the pupils **school based plan**

Area of need	Specific area of need identified	Comments on impact on learning	Priority rating (1=low impact, 5 high impact)
Communication & Interaction			
Cognition & Learning			
Social, Emotional and Mental Health			
Sensory			
Physical & Medical			



## APPENDIX I

### Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are traumatic experiences that occur before the age of 18. These experiences range from suffering verbal, mental, sexual and physical abuse, to being raised in a household where domestic violence, alcohol abuse, parental separation or drug abuse is present. The original ACE study (Felitti et al, 1998) included the following:

- Emotional abuse
- Physical abuse
- Sexual abuse
- Mother treated violently
- Household substance misuse
- Mental illness in household
- Parental separation or divorce
- Criminal/Incarcerated household member
- Emotional neglect
- Physical neglect

\* Please note that subsequent studies (Finkelhor et al, 2013) have highlighted the importance of including:

- Chronic economic hardship
- Social rejection/victimisation by peers
- Exposure to crime (property/community violence)
- Bereavement/loss of a parent/carer

Evidence shows children who experience stressful and poor quality childhoods are more likely to develop health-harming and anti-social behaviours, more likely to perform poorly in school and more likely to be involved in crime

# Plymouth Graduated Approach to Inclusion: Assess

## APPENDIX 2

### Assessment Triangle



Email:

Web: [Plymouth Local Offer](#)

Tel:

This Graduated Response tool has been developed for use by Plymouth Schools and is based on the Devon County Council tool. We express our sincere thanks and acknowledgement to Devon County Council for sharing this with us.