



# Special Educational Needs and Disabilities (SEND) Policy

September 2023

Review September 2024

## Key document details

<b>Author:</b>	School SENDCOs	<b>Approver:</b>	CEO
<b>Owner:</b>	SRAT	<b>Version no.:</b>	2.0
<b>Last review:</b>	Sept 23	<b>Next review:</b>	Sept 24
<b>Ratified:</b>			

# Contents

1. Compliance
2. Contacts
3. Values and Beliefs
4. Definitions of SEND
5. Policy aims and objectives
6. Identification
7. Further Intervention
8. Graduated approach
9. Managing pupils needs
10. Removal from SEND register
11. Supporting pupils with medical needs
12. Transition
13. Training and resources
14. Roles and Responsibilities

## **Steel River Academy SEND and Additional Needs Policy**

### **1. COMPLIANCE**

This policy complies with the statutory requirements of the 2014 SEND Code of Practice (0-25yrs). It has been written with reference to the following guidance documents:

- Equality Act 2010: advice for schools DfE Feb 2013;
- SEND Code of Practice (2014);
- Schools SEN Information Report Regulations (2014);
- Statutory Guidance on Supporting pupils at school with medical conditions April 2014
- The National Curriculum;
- MAT Safeguarding Policy;
- Accessibility Plan;
- Teachers' Standards 2012.
- KCSIE Sept 2021

This policy was created by the SENCOs from the four schools in the Multi Academy Trust (MAT) in liaison with the Head teachers, SELs and trustees.

### **2. CONTACTS**

**Bankfields Primary Special Education Needs Coordinator:** Mrs Michelle White  
Telephone: 01642 453157 email: [MWhite@bankfields.steelriver.org.uk](mailto:MWhite@bankfields.steelriver.org.uk)

**Caedmon Primary Special Educational Needs Coordinator:** Mrs Michelle White  
Telephone 01642 453187 email: [MWhite@bankfields.steelriver.org.uk](mailto:MWhite@bankfields.steelriver.org.uk)

**Grangetown Primary Special Educational Needs Coordinator:** Mrs Christina O'Hare  
Telephone: 01642 455278 email: [COHare@grangetown.steelriver.org.uk](mailto:COHare@grangetown.steelriver.org.uk)

**Whale Hill Primary Special Education Needs Coordinator:** Stephanie Dunn  
Telephone 01642 454339 email: [sdunn@whalehill.steelriver.org.uk](mailto:sdunn@whalehill.steelriver.org.uk)

### **3. VALUES AND BELIEFS**

All schools in Steel River Academy Trust, are open, supportive and work as a professional team who are committed to ensuring that every child succeeds. We all aim to create a positive atmosphere of trust, mutual respect and high expectations between pupils, staff, parents/carers and other professionals.

We have high academic/vocational and technical ambition for all pupils and our SEND children will not be offered a reduced curriculum.

We are determined to ensure that we provide a happy, safe and calm environment where children behave well and develop into confident, creative and independent learners.

Steel River schools aim to ensure that all children's individual needs are met so that they are able to achieve their educational potential and are committed to providing, for each pupil, the best possible environment for learning.

We believe that wherever possible, children have an equal right to an inclusive education which enables them to fully develop their personal, social and intellectual potential and to experience success every single day. We understand the importance of targeted, appropriate intervention to promote achievement.

We recognise that many pupils will have special needs at some time during their school life. In implementing this policy, we believe pupils will be helped to overcome their difficulties. In our schools, every teacher is a teacher of every child, including those with special educational needs.

#### **4. DEFINITION OF SPECIAL EDUCATIONAL NEEDS (SEND) – Section 20 of the children and Families Act 2014**

A child or young person has SEND if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if they:

- a) have a significantly greater difficulty in learning than the majority of others of the same age, or
- b) have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

A child under compulsory school age has special educational needs if they fall within the definition of the above or would do so if special educational provision was not made for them.

Children must not be regarded as having a learning difficulty solely because the language or form of language of their home is different from the language in which they will be taught.

#### **5. POLICY AIMS AND OBJECTIVES**

1. To identify any child with SEND at the earliest opportunity;
2. To ensure that each child with a Special Educational Need and /or Disability can access and gain a positive experience from all aspects of school life by removing barriers to learning and, where necessary, making any other reasonable adjustments to allow them to do so.
3. To ensure the trust's philosophy, policies and procedures are underpinned in all of our actions and are actively promoted by all members of our community so that:

- a. we have in place a consistently applied framework (see 'graduated response') for identifying those children whose individual needs will require intervention;
  - b. those children who are identified as SEND are taught using the cycle of: Assess, Plan, Do, Review;
  - c. accessible systems are in place to record, monitor and track progress;
  - d. the quality of education is designed to be ambitious and to develop the knowledge and skills of SEND pupils through quality first teaching.
  - e. there are high expectations for all children;
4. To ensure all children, regardless of ability, gender, ethnic origin, social background or disability, have access to a broad, balanced and challenging curriculum.
  5. To ensure all learning support and interventions are tailored to an individual's specific needs with a clear focus on pupil outcomes. Targets and outcomes will be routinely shared with the child and parents/carers.
  6. To work in partnership with everyone who cares for the individual child to ensure the very best outcomes.
  7. To put the child at the centre of everything we do, raise aspirations and expectations and give them a voice.
  8. That we make appropriate use of SEND resources (at both SEN Support and EHC Plan stages) to procure the expertise of external agencies through a consistent and cyclical review of outcomes.
  9. To provide ongoing, relevant staff CPD and training.
  10. To produce targets and outcomes that are appropriate to the individual and which are consistently formulated, manageable and are implemented as an integral part of our short-term planning and delivery.
  11. To provide a clear structure for the management of specialist support, e.g. timetable for support staff and any interventions.

## **6. IDENTIFYING CHILDREN WITH SPECIAL EDUCATIONAL NEEDS**

The identification of SEN is embedded in the whole school process of monitoring the progress and development of all pupils. In the Steel River Academy Trust we recognise the benefits of early identification and making effective provision in improving the long-term outcomes for children with SEN. We identify children with SEN as early as possible, by assessment at the start of the Foundation Stage Year and through screening by speech and language.

The purpose of identification is to work out what action the school needs to take, not to fit the pupil into a category. It is also important to identify the full range of needs, not simply the primary need of an individual pupil. The Code of Practice refers to four broad areas of need:

**Communication and interaction** - these children have a difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding

what is being said to them or they do not understand or use social rules of communication. For example, children with Autistic Spectrum Disorders (ASD), including Asperger syndrome, are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.

**Cognition and learning** - children with learning difficulties learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs from moderate learning difficulties (MLD) to children with profound and multiple learning difficulties (PMLD). Specific learning difficulties (SpLD), affect one or more specific aspects of learning, such as dyslexia, dyscalculia and dyspraxia.

**Social, emotional and mental health difficulties** - children 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, eating disorders or physical symptoms that are medically unexplained. Other children may have disorders such as attention deficit disorder (ADD), attention deficit hyperactive disorder (ADHD) or attachment disorder.

**Sensory and/or physical needs** - some children require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. Many children with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and /or equipment to access their learning.

Throughout all of the schools we monitor and track the progress of all children by an ongoing process of assessing, planning, teaching and reviewing. Children with SEN may be identified at any stage of this process during their school life.

## **7. TRIGGERS FOR FURTHER INTERVENTION**

We recognise that there is a wide range of SEN amongst our children and match the level of intervention to each child's needs. We have adopted the "graduated" approach, where the level of intervention increases whenever adequate progress is not being made.

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

- 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 is working at a level below the national expectation for that Year group
- the attainment gap between the child and his peers is getting wider.
- a previous rate of progress is not being maintained.
- 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 showing underachievement in one or more curriculum areas.
- low scores in diagnostic testing – by multi agencies

- emotional or behavioural difficulties persisting in spite of the use of the school's behaviour management programmes & mental health and wellbeing support including counselling.
- self-help skills, social and personal skills inappropriate to the child's chronological age.
- diagnosis of a previously unidentified medical condition, communication problem or sensory impairment
- Looked After children, in liaison with Children's Services
- 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.
- other adults concerns e.g. from medical services, Educational Psychologist, Children Services, Learning Mentor, School and Children's Centre Family Liaison Officer

## **8. A GRADUATED APPROCH**

Teachers are responsible and accountable for the development and progress of all pupils in their class. In the first instance, children who are not making expected progress compared to their peers will be identified as an SEND concern by the class teacher. Initial concerns will be shared with parents and the SENCO.

High quality teaching, differentiated for individual pupils in the classroom is the first step in responding to pupils who may or may not have SEND. We believe that additional intervention and support cannot compensate for a lack of good quality teaching.

All schools in Steel River Academy Trust regularly and carefully review the teaching for all pupils, including those at risk of underachieving.

The second step is to implement well-planned interventions. The progress of individual children will be monitored over an appropriate period of time and compared to national data and expectations of progress. At this point, the SEND status of the child will be reviewed and advice from specialist services will be sought if necessary. Applications for statutory assessment will be initiated if appropriate. Parents will be consulted throughout the process, and the child's views will be sought.

## **SEN SUPPORT**

Where it is deemed that a pupil does have SEND, parents will be formally advised of this decision, and the pupil will be added to the SEND register. The aim of formally identifying a pupil with SEND is to help school to ensure that effective provision is put in place and so remove barriers to learning. The support provided consists of a four-part process:

### **Assess**

### **Plan**

### **Do**

## **Review**

This is an ongoing cycle to enable the provision to be refined and revised as the understanding of the needs of the pupil grows.

## **Assess**

This involves clearly analysing the pupil's needs using the class teachers assessment and experience of working with the pupil, details of previous progress and attainment, comparisons with peers and national data, as well as the views and experience of the parents. The pupil's views and where relevant advice from external support services will be considered. Any parental concerns will be noted and compared with the school's information and assessment data on how the pupil is progressing.

## **Plan**

Planning will involve consultation between the teacher, the SENCO and parents to agree the adjustments, interventions and support that are required. The impact on progress, development and or behaviour, that is expected and a clear date for review. Parental involvement may be sought, where appropriate, to reinforce or contribute to progress at home. All those working with the pupil, including support staff will be informed of their individual needs, the support that is being provided, any particular teaching strategies/ approaches that are being employed and the outcomes that are being sought.

## **Do**

The class teacher remains responsible for working with the child on a day to day basis. They will retain responsibility even where the interventions may involve group or one to one teaching away from the main class teacher. They will work closely with teaching assistants and to plan and assess the impact of support and interventions and links with classroom teaching. Support with further assessment of the pupil's strengths and weaknesses, problem solving and advising of the implementation of effective support will be provided by the SENCO.

## **Review**

Reviews of a child's progress will be sought regularly. The review process will evaluate the impact and quality of the support and interventions. It will also take account of the views of the pupil and where necessary their parents. The class teacher in conjunction with the SENCO will revise the support and outcomes based on the pupil's progress and development making necessary amendments going forward, in consultation with parents and the pupil.

## **EDUCATION HEALTH CARE PLAN (EHC Plan) – formally known as 'Statements'**

If a child is not making progress despite following the graduated response of Assess, Plan, Do, Review (including targeted support and the advice of outside professionals) it may be necessary to move onto the next stage and to make an application for statutory assessment for an Education Health Care Plan (EHCP). Parents/carers will be consulted throughout the process, and the child's views will be sought if appropriate.



The EHC assessment takes up to 20 weeks and could result in the child being issued with an Education Health Care Plan (EHCP). This is a legal document and it usually means that a child requires a higher level of support which would not ordinarily be provided from the basic funding made available to the school. In some cases, children may be issued with a SEND Support Plus Plan. This is not a legally binding document, but attracts the same additional funding as an EHCP

## **LEARNING SUPPORT BASE (ARC)**

Grangetown Learning Support Base is a local authority provision which has 15 KS2 places. Children are admitted to the base through panel which is held every three weeks. The provision focuses on cognition and learning needs and caters for children with a range of SEN, including; communication & interaction, cognition & learning, social, emotional and mental health difficulties and sensory and physical needs. The children are admitted onto the school role and if they live out of the area they receive transport to and from school. They also receive inclusion into their year class group every afternoon.

## **9. MANAGING PUPILS' NEEDS ON THE SEN REGISTER**

Children's needs are recorded and managed in a number of ways:

- SEND register;
- SEND as a user defined group on SIMS to monitor progress;
- SEN Support Plans and EHC Plans;
- Measure of progress for interventions groups;
- Formal SEND reviews three times per year;
- SENCO provides support for all teaching staff.

Teachers are responsible and accountable for writing, and updating, SEN Support Plans working in partnership with parents/carers and other agencies. This is overseen by the SENCO. The SENCO is responsible for co-ordinating the EHC Plan reviews.

The SEND budget will be managed effectively by the Headteacher and SEND link governor in order to provide appropriate additional support. The SEND link governor will report progress to the governing body and Ofsted.

How we decide upon the level of provision and the referral process is detailed in the SEND Information Report. This report is available and published on the school website. This document is available in alternative forms.

A range of agreed Local Authority documentation will be completed as appropriate, such as SARF, EHAS.

## **10. CRITERIA FOR EXITING THE SEND REGISTER**

If a child has:

- Demonstrated and maintained expected progress;

- Achieved the outcomes set and no longer requires provision that is additional to, or different from, the provision for other pupils
- Been discharged from additional, external support following multi-agency reviews;
- Demonstrated that there is no longer a need for intervention.

All children who have exited the SEND register will continue to be monitored for an appropriate period of time. Records will be kept securely and parents/carers will be informed throughout the process.

## **11. SUPPORTING PUPILS WITH MEDICAL CONDITIONS**

Steel River Academy Trust recognises that pupils at all of our schools with medical conditions should be properly supported so that they have full access to education, including school trips and physical education. Some children with medical conditions may be disabled and where this is the case the school will comply with its duties under the Equality Act 2010. The school fully complies with the DfE guidance on Supporting Pupils with Medical Conditions. Please refer to the Managing the Medical Conditions of Pupils policy which is available on each of our school's websites.

## **12. TRANSITION**

All schools within the Steel River Academy Trust will prepare for a child's transition to a new class, school or setting. Within the trust, each school will undertake a transitional week at the end of the academic year. This is an opportunity for the children to experience the new routines and to form positive relationships with the staff members they will be working with. Where additional support is needed for transition, each school will assess the needs of the child and offer a personalised transitional package. This may include an enhanced transitional visits with new class teachers, counselling or therapy groups, regular meetings with teachers or a pupil passport.

Throughout the transitional periods, children with communication and interaction barriers are considered carefully, particularly those with Autism Spectrum Disorder (ASD). In some cases, an individual school may sought support from external services such as the Specialist Teaching Service.

When a SEND child is transitioning from a primary setting to a secondary setting, the SENCO of each school will make contact with the appropriate Year 7 manager or SENCO of the new setting. Although secondary schools offer slightly different transitional packages, each school within the trust will share relevant SEND information and inform the new setting of the child's history.

## **13. TRAINING AND RESOURCES**

Funding for SEND is received from the following sources:

- Payment for pupils on the SEND register;
- Funding from EHCP;
- Pupil Premium;
- Additional money allocated from the school budget.

Funding is used to provide a range of appropriate resources and specialist CPD. Training is planned and organised according to specific need and performance management/appraisal objectives.

All teachers and support staff undertake induction on taking up a post and this includes a meeting with the SENDCo to explain the systems and structures in place around the school's SENDCo provision and practice and to discuss the needs of individual pupils.

All of the SENDCos in our MAT regularly attend the local authority's SENDCo network meetings in order to keep up to date with local and national updates in SEND.

#### **14. ROLES AND RESPONSIBILITIES**

The SEND governor has due regard to the SEND Code of Practice (0 -25) when carrying out its duties of special educational needs. The governing body and Academy Trustees endeavour to secure the necessary provision for any pupil identified as having SEND.

##### **Role of SENDCo in school:**

- The SENDCo is the key person who manages the day to day operation of this policy. The role encompasses the following:
- Co-ordinates the provision for and manages the responses to children's SENDs
- Supports and advises colleagues.
- Oversees the records of all children with SEND
- Liaises with parents,
- Liaises with all external agencies and support services.
- Monitors and evaluates the SEND provision and reports to the governing body.
- Manages a range of resources, to enable appropriate provision for all children with SEN
- Ensures that the school is kept up to date with legislation and statutory requirements in respect of SEND provision.
- Contributes to the professional development of all staff.

#### **15. STORING AND MANAGING INFORMATION**

Some children on the SEN register will have a SEND file which is locked away. Any relevant information will be shared with the classroom teacher.

Safeguarding and Child Protection information is held separately in a locked cupboard. Please refer to the Child Protection Policy for more information.

All information held electronically is password protected.

#### **16. ACCESSIBILITY**

The DDA, as amended by the SEN and Disability Act 2001, placed a duty on all schools and LAs to plan to increase over time the accessibility of schools for disabled pupils and to implement their plans.

For information regarding accessibility, please refer to the Accessibility Policy.

Written information that is normally provided by the school to its pupils can be provided in alternative forms. Examples might include handouts, timetables, textbooks and information about school events. The information should take account of pupils' disabilities and pupils' and parents' preferred formats and be made available within a reasonable time frame.

If a parent needs to speak to key staff, an appointment will be made at the next possible opportunity.

## **17. COMPLAINTS**

Each school has a statutory complaints procedure. This policy can be found on the school website or is available upon request from the school office.

## **18. REVIEWING THE POLICY**

Due to the current climate of reform, this policy will be reviewed annually.

***Every care has been taken in the compilation of this policy and the information provided is correct at the time of publication.***

## Cognition and Learning Needs Guidance Range Descriptors Overview

<b>Range One</b>  <b>FUNDING:</b> <b>Mainstream</b> <b>Element 1 £4k</b>	<ul style="list-style-type: none"> <li>Below expected rate of attainment; <b>up to 2 years behind*</b> national expectations.</li> <li>Difficulty with the acquisition / use of language, literacy, numeracy skills</li> <li>Difficulty with the pace of curriculum delivery.</li> <li>Some problems with concept development.</li> <li>SEN Support Plan in place</li> </ul> <p>(Take note of descriptors for other SEN needs, may not be primary need)</p>
<b>Range Two</b>  <b>FUNDING:</b> <b>Mainstream</b> <b>Element 1 £4k</b> <b>+ Element 2 = £6k</b>	<ul style="list-style-type: none"> <li><b>MILD</b> but persistent difficulties in the acquisition/use of language/literacy/numeracy skills.</li> <li>Attainment is <b>more than 2 years*</b> behind national expectations despite targeted differentiation</li> <li>Processing difficulties limit independence and may need adult support in some areas.</li> <li>SEN Support Plan in place</li> </ul> <p>(Take note of descriptors for other SEN needs, may not be primary need)</p>
<b>Range Three</b>  <b>As above plus</b>  <b>Element 3 (top-up)</b>	<ul style="list-style-type: none"> <li><b>MODERATE</b> and persistent difficulties in the acquisition/use of language/literacy/numeracy skills.</li> <li>Needs persist and appear resistant to previous interventions</li> <li>Attainment is <b>more than 3 years behind*</b> expected level despite differentiated learning opportunities and concentrated support with wave ½ interventions.</li> <li>Moderate difficulties with independent working and needs the support of an adult and a modified curriculum.</li> <li>Cognitive assessment by a specialist teacher or Educational Psychologist likely to be significantly below average range of cognitive ability (SS&lt;70 at the 2nd percentile or below). Moderate LD</li> <li>A diagnosis may be in place e.g. Down Syndrome/Williams Syndrome/Prader Willi syndrome</li> <li>SEN Support Plan in place</li> </ul>
<b>Range Four (4.1)</b>  <b>As above plus</b>	<ul style="list-style-type: none"> <li><b>SIGNIFICANT</b> cognitive impairment severely restricts access to the curriculum</li> <li>Cognitive assessment by a specialist teacher or Educational Psychologist likely to be significantly below average range of cognitive ability (SS&lt; 55 at the 0.1 percentile or below). Severe LD</li> <li>Significant difficulties with independent working and needs the support of an adult and a personalised curriculum.</li> <li>Significant difficulties in the acquisition/use of language/literacy numeracy skills, with the curriculum and out of school activities</li> <li>Significant level of cognitive impairment that is a lifelong disability and significantly impacts on social development and independence</li> <li>SEN Support Plan/EHCP in place</li> </ul>
<b>Range Four (4.2)</b>  <b>As above plus</b>	<ul style="list-style-type: none"> <li>Severe cognitive impairment severely restricts access to the curriculum.</li> <li>Severe and persistent difficulties in the acquisition/use of language/literacy/ numeracy skills, with the curriculum and out of school activities</li> <li>Severe level of cognitive impairment that is a lifelong disability and significantly impacts on social development and independence and requires specialist teaching.</li> <li>Severe LD designated specialist provision (DSP) available</li> <li>Complex needs identified **</li> <li>EHCP in place</li> </ul>
<b>Range Five</b>  <b>As above plus</b>	<ul style="list-style-type: none"> <li><b>PROFOUND</b> difficulties with cognitive impairment profoundly restrict access to the curriculum and require specialist provision.</li> <li>Significant and persistent difficulties in the acquisition/use of language/literacy/numeracy skills, with the curriculum and out of school activities</li> <li>Complex and severe language and communication difficulties.</li> </ul>

	<ul style="list-style-type: none"> <li>• Profound LD</li> <li>• Complex needs identified**</li> <li>• EHCP in place</li> </ul>
<b>Range Six</b>  <b>As above</b>	<ul style="list-style-type: none"> <li>• <b>PROFOUND</b> learning needs with another significant barrier to learning e.g. SLCN/Sensory/Physical/ASD</li> <li>• Profound difficulties with cognitive impairment that profoundly restrict access to the curriculum and require specialist provision.</li> <li>• Profound and persistent difficulties in the acquisition/use of language/literacy/numeracy skills, that impact on all aspects of daily life; lifelong disability</li> <li>• Complex and profound language and communication difficulties</li> <li>• Profound LD</li> <li>• Complex Needs identified **</li> <li>• EHCP in place</li> </ul>

\*Expectations will differ depending on the actual age of the child/young person. Summer birthdays should be taken into account as a child born in August may be two academic years behind but only a few days off being one year behind.

---

## Communication and Interaction Guidance (Speech and Language Needs) Range Descriptors Overview

<p><b>Range One</b></p> <p><b>FUNDING:</b> <b>Mainstream</b> <b>Element 1</b> <b>£4k</b></p>	<ul style="list-style-type: none"> <li>• SLCN may be an emerging but not yet clearly identified primary area of need; the pupil has some difficulty with speaking or communication.</li> <li>• Will present with some/all of the difficulties below and these will mildly affect curriculum access and social development.</li> <li>• Phonological awareness difficulties (awareness of the sounds in spoken words such as rhyme, alliteration, and syllabification) which impact on progress reading and spelling.</li> <li>• Speech is understood by others but has some immaturities, which may impact on social interaction and the acquisition of phonics.</li> <li>• Difficulties with listening and attention that affect task engagement and independent learning.</li> <li>• Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations and the pupil needs some support with listening and responding.</li> <li>• Difficulties in the understanding of language for learning (conceptual language; size, time, shape, position)</li> <li>• Limited vocabulary, both expressive and receptive.</li> <li>• May rely heavily on Non Verbal Communication to complete tasks (adults gestures, copying peers) and this may mask comprehension weaknesses.</li> <li>• Social interaction could be limited and there may be some difficulty in making and maintaining friendships.</li> <li>• Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement.</li> </ul>
<p><b>Range Two</b></p> <p><b>FUNDING:</b> <b>Mainstream</b> <b>Element 1</b> <b>£4k</b> <b>+</b> <b>Element 2 =</b> <b>£6k</b></p>	<ul style="list-style-type: none"> <li>• SLCN is identified as the primary area of need; the pupil has some difficulty with speaking or communication.</li> <li>• Will present with some/all of the difficulties below and these will <b>mildly-moderately</b> affect curriculum access and social development.</li> <li>• Phonological awareness difficulties (awareness of the sounds in spoken words such as rhyme, alliteration, and syllabification) which impact on progress reading and spelling.</li> <li>• Speech is understood by others but has some immaturities, which may impact on social interaction and the acquisition of phonics.</li> <li>• Difficulties with listening and attention that affect task engagement and independent learning.</li> <li>• Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations and the pupil needs some support with listening and responding.</li> <li>• Difficulties in the understanding of language for learning (conceptual language; size, time, shape, position)</li> <li>• Limited vocabulary, both expressive and receptive.</li> <li>• May rely heavily on Non Verbal Communication to complete tasks (adults gestures, copying peers) and this may mask comprehension weaknesses.</li> <li>• Social interaction could be limited and there may be some difficulty in making and maintaining friendships.</li> <li>• Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement.</li> </ul>
<p><b>Range Three</b></p> <p><b>FUNDING:</b> <b>Mainstream</b> <b>Element 1</b> <b>£4k</b> <b>+</b> <b>Element 2 =</b></p>	<ul style="list-style-type: none"> <li>• SLCN will be identified as the primary area of need with the nature of the difficulty clarified from observations and assessments by school, specialist education professionals and health professionals.</li> <li>• Will present with some/all of the difficulties below and these will <b>moderately</b> affect curriculum access and social development.</li> <li>• Persistent delay against age related language <a href="#">norms</a></li> <li>• Persistent difficulties that do not follow a normal developmental patterns (disordered)</li> <li>• <b><u>Speech</u></b></li> </ul>

<p>£6k + <b>Element 3 (top-up)</b></p>	<ul style="list-style-type: none"> <li>• Speech is usually understood by others but has immaturities. Persistent delay/ difficulties against age related speech <a href="#">norms</a></li> <li>• Difficulty in conveying meaning, feelings and needs to others due to speech intelligibility. <ul style="list-style-type: none"> <li>• Speech sound difficulties impact on literacy development.</li> <li>• Speech sound difficulty may lead to limited opportunities to interact with peers. May be socially vulnerable as a result, may become isolated or frustrated.</li> </ul> </li> <li>• <b><u>Expressive</u></b></li> <li>• Difficulties in word storage and retrieval that affect fluency, sentence structure and the quality of vocabulary. This will also be evident in written work and reading.</li> <li>• Difficulties in formulating sentences. May be associated with vocabulary or grammar, such as using immature or unusual verb forms.</li> <li>• <b><u>Receptive</u></b></li> <li>• Difficulties in accessing the curriculum; following instructions, answering questions, processing verbal information, following everyday conversations. Needs regular and planned additional support and resources.</li> <li>• Difficulties with listening and attention that affect task engagement and independent learning. May not be able to focus attention for sustained periods. May appear passive or distracted.</li> <li>• Difficulties with sequencing, predicting, and inference within both social and academic contexts. May result in associated behavioural difficulties due to anxiety or lack of understanding (withdrawal or externalising frustrations). May result in difficulties with completing daily living tasks or participating in daily living situations</li> <li>• <b><u>Social Communication</u></b></li> <li>• Difficulties with speech and/or language mean that social situations present challenges resulting in emotional outbursts, anxiety, social isolation and social vulnerability.</li> <li>• Difficulties with using and understanding non-verbal communication (NVC) such as facial expressions, tone of voice and gestures.</li> <li>• Poor understanding of abstract language and verbal reasoning skills needed for problem solving, inferring and understanding the feelings of others.</li> <li>• Anxiety related to lack of understanding of time and inference. Needs reassurance and forewarning of changes to routine or when encountering new situations/experiences</li> </ul>
<p><b>Range Four (4.1)</b></p> <p><b>As above</b></p>	<ul style="list-style-type: none"> <li>• SLCN will be identified as the primary area of need with the nature of the difficulty clarified from observations and assessments by school, specialist education professionals and health professionals. .</li> <li>• Will present with some/all of the difficulties as described at Range 3 and these will <i>severely</i> affect curriculum access and social development.</li> <li>• Could communicate or benefit from communicating using AAC</li> <li>• Some or all aspects of language acquisition are significantly below age expected levels</li> <li>• Significant speech sound difficulties making speech difficult to understand out of context</li> <li>• <b>Must have a diagnosis of Language Impairment/ Disorder or Speech Impairment/Disorder</b></li> <li>• <b><i>The main categories are:</i></b> <ul style="list-style-type: none"> <li>• Mixed receptive/expressive language impairment/disorder</li> <li>• Expressive only language impairment/disorder</li> <li>• Higher order processing impairment/disorder</li> <li>• Specific Speech Impairment</li> </ul> </li> <li>• <b><i>Identification</i></b> <ul style="list-style-type: none"> <li>• Diagnosed by a Speech and Language Therapist in conjunction with a specialist teacher or Educational Psychologist.</li> <li>• C&amp;YP with a diagnosis of Language Impairment may be of average or above average cognitive ability.</li> <li>• C&amp;YP with Language Impairment (LI) often have associated social and communication difficulties that are not just evident in rigid and repetitive behaviours.</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>• C&amp;YP with LI have difficulties with literacy associated with writing fluency, reading comprehension and spelling.</li> <li>• C&amp;YP with LI often have behavioural, emotional and social difficulties due to impoverished peer interactions, poor listening and attention and understanding.</li> </ul>
<b>Range Four (4.2)</b>  <b>As above</b>	<ul style="list-style-type: none"> <li>• SLCN is identified as the primary area of need with the nature of the difficulty established and clarified from observations and assessments by school, specialist education professionals and health professionals.</li> <li>• Will present with some/all of the difficulties as described at Range 3 and these will <i>severely</i> affect curriculum access and social development to the extent that needs cannot usually be met in a mainstream setting.</li> <li>• Could communicate or benefit from communicating using AAC</li> <li>• Some or all aspects of language acquisition are significantly below age expected levels</li> <li>• Significant speech sound difficulties making speech difficult to understand out of context</li> <li>• <b>Must have a diagnosis of Language Impairment/Disorder or Speech Impairment/Disorder</b></li> </ul> <p><b><i>The main categories are:</i></b></p> <ul style="list-style-type: none"> <li>• Mixed receptive/expressive language impairment/disorder</li> <li>• Expressive only language impairment/disorder</li> <li>• Higher order processing impairment/disorder</li> <li>• Specific Speech Impairment</li> </ul> <p><b><i>Identification</i></b></p> <ul style="list-style-type: none"> <li>• Diagnosed by a Speech and Language Therapist in conjunction with a specialist teacher or Educational Psychologist.</li> <li>• C&amp;YP with a diagnosis of Language Impairment may be of average or above average cognitive ability.</li> <li>• C&amp;YP with Language Impairment (LI) often have associated social communication difficulties evident in rigid and repetitive behaviours.</li> <li>• C&amp;YP with LI have difficulties with literacy associated with writing fluency, reading comprehension and spelling.</li> <li>• C&amp;YP with LI often have behavioural, emotional and social difficulties due to impoverished peer interactions, poor listening and attention and understanding.</li> </ul>

Communication and Interaction Range Descriptors Overview	
Range 1	<p>C&amp;YP at range 1 will have communication and interaction needs identified by the range descriptors in this document that may affect their access to some aspects of the National Curriculum, including the social emotional curriculum and school life.</p> <p>C&amp;YP may or may not have a diagnosis of an ASD made by an appropriate multi-agency team.</p> <p>SEN Support plan in place</p>
Range 2  <b>FUNDING: Mainstream Element 1 £4k + Element 2 = £6k</b>	<p><b>Mild Needs</b></p> <p>C/YP at range 2 will have communication and interaction needs identified by the range descriptors that <b>affect access</b> to a number of aspects of the National Curriculum, including the social emotional curriculum and school life.</p> <p>C/YP may or may not have a diagnosis of an ASD by an appropriate multi-agency team.</p> <p>SEN Support Plan in place</p>
Range 3  <b>FUNDING: Mainstream Element 1 £4k + Element 2 = £6k + access to Element 3 (top-up)</b>	<p><b>Moderate Needs</b></p> <p>C/YP at range 3 will have communication and interaction needs identified by the range descriptors that <b>moderately/significantly affect their access</b> to the National Curriculum, including the social emotional curriculum and all aspects of school life. <b>This is especially true in new and unfamiliar contexts.</b></p> <p>The pervasive nature of the Autism/ C&amp;I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore, on the result of any assessment.</p> <p>C/YP may or may not have a diagnosis of an ASD made by an appropriate multi-agency team.</p> <p>SEN Support Plan/EHCP in place</p>
Range 4.1  <b>As above</b>	<p><b>Significant Needs</b></p> <p>C/YP at range 4.1 will have communication and interaction needs identified by the range descriptors that <b>significantly affect their access</b> to the National Curriculum, including the social emotional curriculum and all aspects of school life. <b>This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available.</b></p> <p>The pervasive nature of the Autism/ C&amp;I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment.</p> <p>C/YP will have an uneven learning profile but their attainment levels suggest they can access a differentiated mainstream curriculum.</p> <p>Children may or may not have a diagnosis of ASD by an appropriate multi-agency diagnostic team.</p> <p>EHCP in place</p>
Range 4.2  <b>As above</b>	<p><b>Severe</b></p> <p>C/YP at range 4.2 will have communication and interaction needs identified by the range descriptors that <b>severely affect their access</b> to the National Curriculum,</p>

	<p>including the social emotional curriculum and all aspects of school life, <b>even in known and familiar contexts and with familiar support/people available.</b></p> <p>The pervasive nature of the Autism/ C&amp;I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment.</p> <p><b>Children and young people at range 4.2 may be in the following settings:</b></p> <p><b>Mainstream</b></p> <ul style="list-style-type: none"> <li>• C/YP will have an uneven learning profile but their attainment levels suggest they can access a differentiated mainstream curriculum. C/YP will require significantly more support than is normally provided in a mainstream setting.</li> <li>• Pupils within Designated Special Provisions will have a diagnosis of ASD by an appropriate multi-agency diagnostic team.</li> </ul> <p><b>Special</b></p> <ul style="list-style-type: none"> <li>• Attainment profile is below expected NC levels, the majority of attainments within the P level range</li> <li>• C/YP may or may not have a diagnosis of an ASD</li> <li>• Complex Needs Identified *</li> <li>• EHCP in place</li> </ul>
<p><b>Range 5</b></p> <p><b>As above</b></p>	<p><b>Profound Needs</b></p> <p>C/YP at range 5 will have communication and interaction needs identified by the range descriptors that <b>profoundly affect their access</b> to the National Curriculum, including the social emotional curriculum and all aspects of school life, <b>even in known and familiar contexts and with familiar support/people available.</b></p> <p>The pervasive nature of the Autism/ C&amp;I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment.</p> <p><b>Children and young people at range 5 may be in the following settings:</b></p> <p><b>Mainstream</b></p> <p>C/YP has an uneven learning profile but their attainment levels suggest they can access a differentiated mainstream curriculum. C/YP will require significantly more support than is normally provided in a mainstream setting</p> <ul style="list-style-type: none"> <li>• Pupils within Designated Special Provisions will have a diagnosis of ASD by an appropriate multi-agency diagnostic team</li> <li>• Pupils within the enhanced DSP need an environment where interpersonal challenges are minimised by the adult managed setting</li> </ul> <p><b>Special</b></p> <ul style="list-style-type: none"> <li>• Attainment profile is below expected NC levels, the majority of attainments within the P level range</li> <li>• C/YP may or may not have a diagnosis of an ASD</li> <li>• Complex Needs Identified *</li> <li>• EHCP in place</li> </ul>
<p><b>Range 6</b></p> <p><b>As above</b></p>	<p>C/YP at range 6 will have communication and interaction needs identified by the range descriptors that <b>profoundly affect their access</b> to the National Curriculum, including the social emotional curriculum and all aspects of school life, <b>even in known and familiar contexts and with familiar support/people available.</b></p> <p><b>Children at range 6 will need an environment where interpersonal challenges are minimised by the adult managed setting.</b></p>

	<ul style="list-style-type: none"> <li>• The pervasive nature of the Autism/ C&amp;I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment.</li> <li>• Pupils within the Communication and Interaction specialist setting or enhanced DSP setting need an environment where interpersonal challenges are minimised by the adult managed setting.</li> <li>• Complex Needs Identified *</li> <li>• EHCP in place</li> </ul>
--	--

-----

-----

Social, Emotional & Mental Health Needs Guidance	
Range Descriptors Overview	
<b>Range 1</b>  <b>FUNDING:</b> <b>Element 1</b> <b>£4k</b>	<p>Children will have been identified as presenting with some low level features of behaviour, emotional, social difficulties</p> <ul style="list-style-type: none"> <li>• They may sometimes appear isolated, have immature social skills, be occasionally disruptive in the classroom setting</li> <li>• They may follow some but not all school rules/routines around behaviour in the school environment</li> <li>• They may experience some difficulties with social skills</li> <li>• They may show signs of stress and anxiety and/or difficulties managing emotions on occasions</li> <li>• SEN Support Plan in place</li> </ul>
<b>Range 2</b>  <b>FUNDING:</b> <b>Element 1</b> <b>£4k</b> <b>+</b> <b>Element 2</b> <b>=</b> <b>£6k</b>	<p><b>MILD</b></p> <p>Difficulties identified at range 1 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and range 1 interventions being in place.</p> <ul style="list-style-type: none"> <li>• SEMH continues to interfere with pupils' social/learning development across a range of settings and pupils do not follow routines in school consistently</li> <li>• Pupils beginning to be at risk of exclusion and have continued difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions</li> <li>• Pupils may have become socially and emotionally vulnerable, withdrawn, isolated, and unpredictable patterns of behaviour may be beginning to emerge that impact on learning</li> <li>• Pupil may show patterns of stress/anxiety related to specific times of the day</li> <li>• Pupils may have a preference for own agenda and be reluctant to follow instructions</li> <li>• Pupils may have begun to experience short term behavioural crisis</li> <li>• Can be overactive and lack concentration</li> <li>• SEN Support Plan in place</li> </ul>
<b>Range 3</b>  <b>FUNDING:</b> <b>Element 1</b> <b>£4k</b> <b>+</b> <b>Element 2</b> <b>=</b> <b>£6k</b> <b>+</b> <b>Element 3</b> <b>(top-up)</b>	<p><b>MODERATE</b></p> <p>Difficulties identified at range 2 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and range 1 and 2 interventions being in place.</p> <ul style="list-style-type: none"> <li>• SEMH interfere more frequently with pupils' social/learning development across a range of settings and pupils do not follow routines in school without adult support</li> <li>• Pupils may have experienced fixed term exclusion and more sustained difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions</li> <li>• Pupils remain socially and emotionally vulnerable, withdrawn, isolated, and susceptible to unpredictable patterns of behaviour that impact on learning</li> <li>• Pupil patterns of stress/anxiety have become more common</li> <li>• Pupils have a preference for own agenda and are reluctant to follow instructions</li> <li>• Short-term behavioural crisis have become more frequent and are more intense</li> <li>• High levels of activity and inattention inhibit curriculum access</li> <li>• Often lacking in concentration and/or demonstrates high activity level</li> <li>• Experiences high levels of anxiety and finds it difficult to maintain regular school attendance</li> <li>• Medication may be required to manage ADHD.</li> <li>• SEN Support Plan/EHCP in place</li> </ul>
<b>Range 4.1</b>  <b>As above</b>	<p><b>SIGNIFICANT</b></p> <p>Pupil continues to present with significant and persistent levels of behaviour, emotional, social difficulties which are now more complex and which necessitate a multi-agency response.</p> <ul style="list-style-type: none"> <li>• Pupil is more likely to have experienced fixed term exclusion from school</li> </ul>

	<ul style="list-style-type: none"> <li>• Pupil does not have the social and emotional skills, or experiences such high anxiety, that they cannot cope in a mainstream environment without adult support for a significant proportion of the school day</li> <li>• Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance</li> <li>• Pupil is increasingly isolated and struggles to maintain positive relationships with adults or peers</li> <li>• Careful social and emotional differentiation of the curriculum essential to ensure access to the curriculum and progress with learning</li> <li>• Increasingly unpredictable patterns of behaviour</li> <li>• Requires adult support to complete tasks</li> <li>• Requires a range of therapeutic interventions</li> <li>• EHCP in place</li> </ul>
<b>Range 4.2</b>  <b>As above</b>	<p><b>SEVERE</b></p> <p>Pupil continues to present with severe and persistent levels of behaviour, emotional, social difficulties which continue to be complex and long term and which necessitate a continued multi-agency response.</p> <ul style="list-style-type: none"> <li>• Pupil is at increased risk of exclusion</li> <li>• Pupil does not have the social and emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day</li> <li>• Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance</li> <li>• Pupil is increasingly isolated and struggles to maintain positive relationships with adults or peers</li> <li>• Careful social and emotional differentiation of the curriculum essential to ensure progress with learning</li> <li>• Very unpredictable behaviour</li> <li>• Excessive anxiety prevents curriculum access</li> <li>• Likely to require medication, other than that required for ADHD</li> <li>• Complex Needs identified</li> <li>• EHCP in place</li> </ul>
<b>Range 5</b>  <b>As above</b>	<p><b>PROFOUND</b></p> <p>Profound and increasing behavioural difficulties, often compounded by additional needs and requiring provision outside the mainstream environment, including:</p> <ul style="list-style-type: none"> <li>• Moderate/ severe learning difficulties, mental health difficulties, acute anxiety, attachment issues</li> <li>• Patterns of regular school absence</li> <li>• Disengaged from learning, significant under performance</li> <li>• Verbally and physically aggressive</li> <li>• Reliant on adult support to regulate emotions and behaviour</li> <li>• Engaging in high risk taking activities both at school and within the community</li> <li>• Difficulties expressing empathy, emotionally detached, could have tendency to hurt others, self or animals</li> <li>• Issues around identity and belonging</li> <li>• Needing to be in control, bullying behaviours (victim &amp; perpetrator)</li> <li>• Difficulties sustaining relationships</li> <li>• Over-friendly or withdrawn with strangers, at risk of exploitation</li> <li>• Provocative in appearance and behaviour, evidence of sexualised language or behaviours</li> <li>• Slow to develop age appropriate self-care skills due to levels of maturity or degree of Learning Difficulties</li> <li>• Physical, sensory and medical needs that require medication and regular review</li> <li>• Anxiety/phobia inhibits school attendance</li> <li>• Health and safety risk to self and others due to increased levels of agitation and presenting risks</li> </ul>

	<ul style="list-style-type: none"> <li>• Complex Needs Identified</li> <li>• EHCP in place</li> </ul>
<b>Range 6</b>  <b>As above</b>	<p><b>MORE PROFOUND</b></p> <p>Continuing profound and increasing behavioural difficulties, often compounded by additional needs and requiring continued provision outside the mainstream environment, including:</p> <ul style="list-style-type: none"> <li>• Significant challenging behaviour</li> <li>• Requiring a range of therapeutic interventions or referral to specialist support services (CAMHS, Social Care, YOT)</li> <li>• Unable to manage self in group without dedicated support</li> <li>• Subject to neglect, basic needs unmet or preoccupied with hunger, illness, lack of sleep, acute anxiety, fear, isolation, bullying, harassment, controlling behaviours</li> <li>• Involved in substance misuse either as a user or exploited into distribution/selling</li> <li>• Poor attendance, requires high level of adult intervention to bring into school, even with transport provided</li> <li>• Refusal to engage, extreme abuse towards staff and peers, disengaged, wilfully disruptive</li> <li>• Damage to property</li> <li>• May require targeted teaching in order to access learning in dedicated space away from others</li> <li>• Health and safety risk to self and others due to increased levels of agitation and presenting risks</li> <li>• Sexualised language and behaviour , identified at risk of CSE</li> <li>• Medical conditions, such as Asthma or Epilepsy, that may require particular support from Specialist Services</li> <li>• Complex Needs Identified</li> <li>• EHCP in place</li> </ul>

---

## Physical/Medical Guidance

Range	Descriptor
<b>Range One</b>  <b>FUNDING:</b> <b>Mainstream</b> <b>Element 1</b> <b>£4k</b>	<ul style="list-style-type: none"> <li>• Some mild problems with fine motor skills and recording.</li> <li>• Mild problems with self-help and independence.</li> <li>• Some problems with gross motor skills and coordination often seen in PE.</li> <li>• Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment.</li> <li>• May have continence/ toileting issues</li> <li>• Possible low levels of self-esteem.</li> <li>• May have medical condition that impacts on time in school and may require a medical care plan.</li> <li>• SEN Support Plan</li> </ul>
<b>Range Two</b>  <b>FUNDING:</b> <b>Mainstream</b> <b>Element 1</b> <b>£4k</b> <b>+</b> <b>Element 2 =</b> <b>£6k</b>	<ul style="list-style-type: none"> <li>• Continuing mild to moderate problems with hand / eye coordination, fine / gross motor skills and recording, impacting on access to curriculum.</li> <li>• Making slow or little progress despite provision of targeted teaching approaches.</li> <li>• May have continuing difficulties with continence/ toileting</li> <li>• May have continuing problems with self-esteem and peer relationships.</li> <li>• Continuing problems with self-help and independence.</li> <li>• Continuing problems with gross motor skills and coordination often seen in PE.</li> <li>• Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment.</li> <li>• May have medical condition that impacts on time in school and may require a medical care plan.</li> <li>• SEN Support Plan</li> </ul>
<b>Range Three</b>  <b>FUNDING:</b> <b>Mainstream</b> <b>Element 1</b> <b>£4k</b> <b>+</b> <b>Element 2 =</b> <b>£6k</b> <b>+</b> <b>Element 3</b> <b>(top-up)</b>	<ul style="list-style-type: none"> <li>• Moderate or persistent gross and / or fine motor difficulties</li> <li>• Recording and / or mobility now impacting more on access to the curriculum.</li> <li>• May need specialist input to comply with health and safety legislation; e.g. to access learning in the classroom, for personal care needs, at break and lunch times.</li> <li>• Increased dependence on mobility aids i.e. wheelchair or walking aid.</li> <li>• Increased use of alternative methods for extended recording e.g. scribe, ICT</li> <li>• SEN Support Plan/EHCP</li> </ul>
<b>Range Four (4.1)</b>  <b>As above</b>	<ul style="list-style-type: none"> <li>• Significant physical /medical difficulties with or without associated learning difficulties.</li> <li>• Physical and / or medical condition will have a significant impact on the ability to access the curriculum. This may be through a combination of physical, communication and learning difficulties.</li> <li>• Significant and persistent difficulties in mobility around the building and in the classroom</li> <li>• May have significant personal care needs which require adult support and access to a hygiene suite.</li> <li>• May have developmental delay and/or learning difficulties which impacts upon access to curriculum.</li> <li>• Education, Health and Care Plan</li> <li>• Primary need is identified as physical / medical</li> </ul>
<b>Range Four (4.2)</b>	<p>Some or all of the following:</p> <ul style="list-style-type: none"> <li>• Severe physical difficulties and/or a medical condition with or without associated learning difficulties;</li> </ul>



<b>As above</b>	<ul style="list-style-type: none"> <li>• Impaired progress and attainment;</li> <li>• Persistent difficulties in mobility around the building and in the classroom</li> <li>• Severe physical difficulties or a medical condition that requires access to assistive technology to support communication, understanding and learning;</li> <li>• The need for high level support for all personal care, mobility, daily routines and learning needs;</li> <li>• Will need an Education, Health and Care Plan</li> <li>• Primary need is identified as physical / medical</li> <li>• Physical conditions that require medical/therapy/respite intervention and support;</li> <li>• The need for an environment to support self-esteem and positive self-image;</li> <li>• A developing neuro-muscular degenerative condition or traumatic incident resulting in brain or physical injury.</li> <li>• EHCP</li> </ul>
<b>Range Five</b>  <b>As above</b>	<p>A permanent, severe and/or complex physical disability or serious medical condition.</p> <p>The pupil will present with many of the following:</p> <ul style="list-style-type: none"> <li>• a level of independent mobility or self-care that restricts/prevents an alternative mainstream placement.</li> <li>• an inability to make progress within the curriculum without the use of specialist materials, aids, equipment and high level of adult support throughout the school day.</li> <li>• furniture and/or extensive adaptations to the physical environment of the school</li> <li>• difficulties in making and sustaining peer relationships leading to concerns about social isolation, the risk of bullying and growing frustration</li> <li>• emotional and/or some behavioural difficulties including periods of withdrawal, disaffection and reluctance to attend school</li> <li>• a requirement that health care inputs and therapies may be intensive and on a regular basis</li> <li>• given appropriate facilities is nevertheless unable to independently manage personal and/or health care during the school day and requires regular direct intervention</li> <li>• is an Augmentative Alternative Communication (AAC) user</li> <li>• has a degenerative condition</li> <li>• EHCP</li> </ul>
<b>Range 6</b>  <b>As above</b>	<p>A permanent, severe and/or complex physical disability or serious medical condition.</p> <p>The pupil will present with many of the following:</p> <ul style="list-style-type: none"> <li>• the associated severe and complex learning difficulties impact on their ability to make progress within the curriculum despite the use of specialist materials, aids, equipment, furniture and/or extensive adaptations to the physical environment of the school</li> <li>• difficulties in making and sustaining peer relationships leading to concerns about social isolation and their vulnerability within the setting and wider environment.</li> <li>• emotional and/or behavioural difficulties including regular periods of withdrawal, disaffection and ongoing reluctance to attend school</li> <li>• a requirement that health care inputs and therapies may be intensive and on a daily basis</li> <li>• given appropriate facilities is nevertheless unable to manage personal and/or health care during the school day and requires a high level of direct intervention</li> <li>• has a complex medical need requiring frequent monitoring and medical intervention throughout the school day</li> <li>• has a significant additional condition such as HI/VI/MSI which gives rise to the complexity of need.</li> <li>• is an Augmentative Alternative Communication (AAC) user</li> <li>• has a degenerative condition</li> <li>• EHCP</li> </ul>

## Name of Primary School

### SEN

**Areas of concern before SEN file is opened.**



Name -	Year group -	Date -
Teacher -	Area of need -	
Is the child making progress? -		
Reading -	Writing -	Maths -

Is the child registered as a vulnerable learner or do other professionals/parents share similar concerns?	
What are the main areas of concern?	
What are the barriers to learning?	
What has already been put in place to support the child with their barriers to learning?	
Have the concerns already been shared with parents? If so, what was their response?	
What actions now need to be taken to support this child further?	

This document must be uploaded to CPOMS.



# New Registering as SEND Process

- Teachers will complete a 'cause for concern form' for any child who they have requested a SEN file to be opened for. This will address what has already taken place to support the child and discussions had with parents. (Uploaded to CPOMS)
- Teachers will band the child against the R&C ranges document to establish which range they fall into for their areas of need. All areas need to be looked at so that a complete picture is created about the child's needs. (Uploaded to CPOMS)
- If a child falls into more than one range area of the ranges document, then a SEND file will be opened with parents, and the permission of SENDco/Headteacher.
- Cognition & learning band - The data will be looked at to see how far behind academically the child is. If the child is 4 or more terms behind, then a SEN file will be opened. However, due to COVID and other factors, this will be down to the discretion of the school SENDco/SLT in determining if a SEN file is needed at this point.

Bentfield Primary School	
Area of concern before SEN file opened	
Child's name	Class
Teacher	Year group
For the SEN file to be opened	Notes
1. Is the child registered as a child with a learning difficulty or other special educational needs (SEND)?	
What are the main areas of concern?	
What are the barriers to learning?	
What has already been put in place to support the child with their barriers to learning?	
Have the concerns already been shared with parents? If so, when and what was the response?	
What action now needs to be taken to support this child's learning?	

Cognition and Learning Needs Checklist	
1. Does the child have a learning difficulty?	
2. Does the child have a learning difficulty that is not a specific learning difficulty (SLD)?	
3. Does the child have a learning difficulty that is not a specific learning difficulty (SLD) and is not a specific learning difficulty (SLD)?	
4. Does the child have a learning difficulty that is not a specific learning difficulty (SLD) and is not a specific learning difficulty (SLD)?	
5. Does the child have a learning difficulty that is not a specific learning difficulty (SLD) and is not a specific learning difficulty (SLD)?	
6. Does the child have a learning difficulty that is not a specific learning difficulty (SLD) and is not a specific learning difficulty (SLD)?	
7. Does the child have a learning difficulty that is not a specific learning difficulty (SLD) and is not a specific learning difficulty (SLD)?	
8. Does the child have a learning difficulty that is not a specific learning difficulty (SLD) and is not a specific learning difficulty (SLD)?	
9. Does the child have a learning difficulty that is not a specific learning difficulty (SLD) and is not a specific learning difficulty (SLD)?	
10. Does the child have a learning difficulty that is not a specific learning difficulty (SLD) and is not a specific learning difficulty (SLD)?	



# Vulnerable Learners

The vulnerable learners list will consist of the following children –

- Any child who has had previous SEN
- SALT involvement in EYFS if there are no other concerns
- Previous SALT involvement
- Pastoral concerns including low level SEMH

The vulnerable learners list will be reviewed termly against the data and in discussion with the child's class teacher as to whether they need to come off, stay on or move up to a SEN file being opened.

