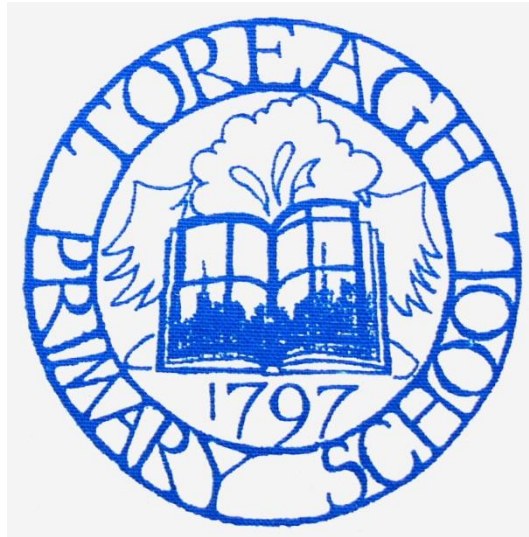


TOREAGH PRIMARY SCHOOL



Special Needs, Inclusion and Accessibility Policy

Date: March 2019

Review Date: March 2022 (update with new stages on implementation)

SPECIAL EDUCATIONAL NEEDS AND INCLUSION POLICY

Toreagh Primary School is committed to providing equal access for all pupils to a broad and balanced curriculum. As a school, we recognise that some pupils, during their time at school, may have special educational needs and/or a disability. We will endeavour to make every possible arrangement to provide for their individual needs. It is our policy to base our special educational needs provision and procedures on our school aims, The Education (NI) Order 1996, the Code of Practice (NI) 1998 and the Special Educational Needs and Disability (NI) Order 2005. It also takes into account the “Every School A Good School” document 2009. The purpose of this policy is to outline the arrangements made in this school to meet the needs of pupils with special educational needs. It will be reviewed regularly by staff, governors and the special needs co-ordinator, Miss L Morrow.

AIMS OF THE SEN POLICY:

We will endeavour to:

- identify pupils with SEN/Disability as early and thoroughly as possible through a variety of means and in consultation with appropriate personnel.
- ensure full entitlement and access for pupils with SEN/Disability to the Northern Ireland curriculum within a broad, balanced, relevant and differentiated programme.
- ensure that all pupils with SEN/Disability feel valued. To offer curricular, pastoral and extra-curricular experiences and opportunities which allow pupils to develop their knowledge, understanding and skills so ensuring progress, success and self-confidence.
- make the best use of all resources to meet the needs of all pupils with a special educational need or disability
- encourage parental involvement in all aspects of SEN provision and liaise with them regularly regarding targets, progress and next steps. When considering the wishes of the child, his/her age and powers of understanding will be considered
- develop close co-operation between all agencies concerned for a multi-disciplinary approach.
- teach pupils with SEN/Disability, wherever possible, alongside their peers.
- develop an effective system for recording continued assessment so that each pupil's performance can be monitored and reviewed appropriately.
- stimulate and/or maintain pupil interest and enjoyment in their own education.
- encourage the use of a range of teaching strategies which incorporate different learning styles and ensure effective learning.
- create a caring and supportive environment in which all pupils can contribute.
- promote collaboration amongst teachers in the implementation of the SEN policy and encourage effective liaison to ensure a standardised approach and shared goals.
- work closely with all EA-NE departments and other outside agencies to continuously improve the quality of support available for each pupil with special educational needs,

DEFINITION OF TERMS

SPECIAL EDUCATIONAL NEEDS

A child is regarded as having special educational needs if he or she has a learning difficulty which calls for special educational provision to be made for him or her.

A child has a learning difficulty if he or she:-

- a) has a significantly greater difficulty in learning than the majority of children of the same age;
- b) has a disability which either prevents or hinders the child from making use of education facilities of a kind provided for children of the same age in ordinary schools;

The definition of a disability is:-

Someone who has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities.

Special Educational Provision

Education (NI) order 1996 states,

“educational provision which is additional to, or otherwise different from, the educational provision made generally for children of the same age in ordinary schools.”

“A child must not be regarded as having a learning difficulty solely because the language or form of language of the home is different from the language in which he or she is or will be taught.”

SEN Provisions of SENDO

‘The new law will strengthen the right to an ordinary school place for children with a Statement, unless it is against the wishes of parents or it is incompatible with the efficient education of others.’

‘Children who have Special Educational needs but do not have a statement, must, except in specific circumstances, be educated in an ordinary school.’ *Article 3(1) SENDO 2005*

Specific Sen categories

There are five overarching SEN categories which can be used by schools. They are:

- Cognitive and Learning (CL)
- Social, Behavioural, emotional and well-being (SBEW)
- Speech, Language and Communication Needs (SLCN)
- Sensory (SE)
- Physical Needs (PN)

'Inclusion is about the quality of children's experience; how they are helped to learn, achieve and participate fully in the life of the school.' (Removing Barriers to Achievement, 2004)

Medical Diagnosis

A pupil with a medical diagnosis or disability may or may not have a special educational need. Those who do not require special educational provision will be recorded on the school's medical register only. Whilst an education plan will not be necessary for these children, a pastoral needs plan may be completed to ensure other needs are being met for that particular child.

Identification and Assessment of Special Educational Needs

'It is vitally important that children with SEN are identified as early as possible and that an awareness of their possible difficulties is clearly communicated between all the professionals involved with their development.' (*Code of Practice 1998*)

At Toreagh Primary School, the following may be used to identify pupils' needs.

- Information from Nursery School or other transferring school
- Parental information
- Teacher observation and professional judgement
- School assessments

- Standardised tests (PTM, PTE, NRIT, Salford Reading) and Diagnostic assessments (Dyslexia Portfolio)
- Psychological Reports & Stage 3 Reports
- Statements of Special Educational Need
- Medical Advice
- Care Plans
- IEP Reviews and Annual Reviews

It may also be appropriate to include information from social workers, health visitors, therapists and/or other supporting professionals.

Learning & Teaching

All children have the right to a broad and balanced curriculum. This involves all staff in utilising a range of teaching strategies and classroom management styles designed to take account of the differing abilities, interests and experiences of pupils. In order to facilitate this:

- work will be stimulating and differentiated so that pupils can experience success but are also challenged
- work will allow pupils to progress at their own rate, whilst taking risks with learning and apply knowledge
- staff will give positive feedback and the achievements of all pupils will be celebrated
- staff are sensitive to pupils' range of difficulties and how this impacts on communication. This is taken into consideration when giving instructions, planning activities and monitoring progress
- lessons are sufficiently varied and are structured in a series of simple clearly defined steps
- the classroom environment is inclusive, stimulating and attractive, featuring as much pupil work as possible.

Every effort is made to ensure that all children have access to all curricular & extra-curricular activities.

Roles and Responsibilities

SEN provision will be the overall responsibility of the Board of Governors and Principal of the school. However, in order to facilitate the practical day to day running of the provision the Board of Governors have delegated responsibility for pupils with special educational needs to Miss L Morrow.

The Board of Governors:-

- determines the school's policy and approach
- establishes appropriate funding arrangements
- maintains an overview of provision through the principal
- reports to parents through the annual report on the SEN provision of the school
- determines the school's non-discriminatory admissions criteria
- will anticipate the needs of children with disabilities and ensure an accessibility plan is in place.

The Principal – Miss Morrow

- advises and informs governors on SEN issues
- works with BOG in deciding staff and funding arrangements for SEN.
- liaises with parents and external agencies as required
- ensures that SMT are actively involved in the management of SEN within the school
- develops and reviews policy with the Special Needs Coordinator
- is involved in the Annual Review process
- reports back to parents on the outcomes of tests and makes decisions regarding provision based on all information in consultation with the Special Needs Coordinator and class teachers
- provides a secure facility for the storage of records relating to special educational needs

The Special Needs Co-Ordinator – Miss Morrow

- advises and informs governors on SEN issues
- works closely/ liaises with the special needs teacher, classroom assistants and class teachers
- has responsibility for the operation and co-ordination of the school's special needs provision
- contributes to IEPs which inform teaching and learning
- liaises with parents and external agencies
- contributes to the in-service training of staff
- ensures all staff are aware of current legislation

- develops and reviews policy with the Principal
- maintains the Special Needs Register
- organises necessary reviews and referrals
- is involved in the Annual Review process
- makes decisions regarding provision based on information from assessments in consultation with class teachers
- is responsible for ordering and maintaining materials

The Special Needs Teacher

- is familiar with the administrative process within the school
- is involved in testing and recording data for the SEN Register
- works closely with all members of staff to identify pupils' needs
- implements the delivery of suitable programmes for all identified pupils with special educational needs which promote progression within an inclusive setting
- produces resources for the delivery of key skills
- contributes to IEPs which inform learning and teaching
- monitors and review progress
- is involved in the Annual Review process
- meets with parents to discuss targets and give advice
- is involved in staff development

Class Teacher (See Appendix 3)

- has overall responsibility for the child
 - liaises with the SENCO and parents
 - plans and implements differentiated work
 - monitors and reviews the needs of these pupils
 - is familiar with special needs procedures
 - is involved in developing the special needs policy and practice
 - develops an inclusive classroom
 - completes paperwork as appropriate for in class interventions
 - contributes to, annotates and manages IEPs in consultation with the SENCO
- involves classroom assistants as part of the learning team.

Classroom/ General Assistant

- works under the direction of the class teacher
- is involved in planning wherever possible
- looks for positives by talking to the child about his/her strengths
- provides practical support
- listens to the child/speak to staff on the child's behalf
- explains boundaries and operate these consistently and fairly
- keeps records and attend meetings
- shares good practice

Pupil

'The child should where possible according to age maturity and capability, participate in all the decision making processes which occur in education (*Supplement to the Code of Practice*). Given the young age of our children, their involvement in the process will be at a basic level. Targets will be shared with the children, parent, teacher and classroom assistant. They will also have some input into the setting of targets at an age appropriate level.

Parent/Carer

'The relationship between the parents of a child with SEN and their child's school has a crucial bearing on the child's educational progress and effectiveness of any school based action. Professional help can seldom be wholly effective unless it builds upon parental involvement and provides reassurance that account is taken of what parents say and that their views and anxieties are treated as intrinsically important.'*(Code of Practice)*

It is essential that parents inform the school of any specific identified needs as early as possible on entry to the school. It is the school's responsibility to inform parents when considering placing the child's name on the SEN register. This will already have been done at a parent/ teacher meeting. Parents will:

- meet with staff to discuss their child's needs
- attend review meetings
- inform staff of changes in circumstances
- support targets on IEPs

- work in partnership with the school and play their part in creating a positive and supportive framework

Under the Data Protection Act 1998 parents may have copies of all materials relating to their own child on request. However, a copy of all education plans and reviews will be shared with parents automatically. All information is collated and used to inform our judgements about the child's difficulties and the subsequent provision for his/her needs.

CATEGORIES OF SPECIAL EDUCATIONAL NEEDS

Children have special educational needs within these 5 categories:-

COGNITIVE AND LEARNING (CL) – Language, Literacy, Mathematics & Numeracy

Dyslexia/ Specific Learning Difficulty – Language/ Literacy

Dyscalculia/ Specific Learning Difficulty – Maths/ Numeracy

Moderate Learning Difficulties (MLD)

Severe Learning Difficulties (SLD)

Profound and Multiple Learning Difficulties (PMLD)

SOCIAL, BEHAVIOURAL, EMOTIONAL AND WELL-BEING (SBEW)

Social and Behavioural Difficulties

Emotional and Well-being Difficulties

Severe Challenging Behaviour associated with SLD or PMLD

SPEECH, LANGUAGE AND COMMUNICATION NEEDS (SLCN)

Developmental Language Disorder

Language Disorder associated with a differentiating biomedical condition

Communication and Social Interaction Difficulties

SENSORY (SE)

Severe/ profound hearing impairment

Mild/ moderate hearing impairment

Blind

Partially Sighted

Multi Sensory impairment

PHYSICAL NEEDS (PN\)

Physical

A full description of these categories is provided in Appendix 1 of this document.

CODE OF PRACTICE (NI) 1998 - CURRENTLY FIVE STAGES

In Toreagh Primary School we precede Stage 1 by recording any concerns about individual pupils after discussion with the parents using our school Concerns Form. Short term group interventions may be used to try to address gaps in learning, developmental delay or a lack of confidence. We follow the 5 stage approach, recognising the continuum of SEN. The majority of our children's needs are met by the expertise among the staff, both teaching and non- teaching. However, advice and guidance from other recognised agencies is always welcome. It is not our practice to permit voluntary groups or those not connected to EA-NE or the Health Trust to work within the school.

Stage 1 - Teachers identify and register a child's special educational needs and, consulting the school's special educational needs co-ordinator, take initial action:-

- Class teacher informs SENCO and together they will decide if the pupil's name should be recorded on the Special Needs register
- Class teacher invites parent to a meeting
- Class teacher writes an effective Action plan which will be reviewed after a specified time
- Class teacher organises groups/resources etc in order to help the child achieve the targets set
- Class teacher monitors and reviews progress and reports back to SENCO
- SENCO will decide whether to remain at Stage 1/ remove pupil's name from register/move to Stage 2

Class teacher carries out review meeting with parent to discuss next steps

Stage 2 - The school's special educational needs co-ordinator takes lead responsibility for gathering information and for co-ordinating the child's special educational provision, working with the child's teachers:-

(Following Stage 1 review or when a concern is expressed by staff, parent, Health or Social Services professional)

- Class teacher discusses concerns with SENCO who registers pupil's needs and agrees that Stage 2 support is appropriate
- SENCO and relevant staff work together using all available information to agree a way forward including drawing up an IEP and discussing targets with parent

- IEP is implemented and reviewed with parental involvement. SENCO will decide whether to continue at Stage 2 or move the pupil back to Stage 1 or on to Stage 3

Stage 3 - Teachers and the special educational needs co-ordinator are supported by specialists from outside the schools and the Board is informed:-

(SENCO registers pupil's needs and agrees, having consulted with parent that intensive action and specialist support is required)

- SENCO reviews available information, consults Support Services and contacts EA-NE
- Stage 3 Referral Form is completed following consultation with parent and agreement of Educational Psychology
- Stage 3 assessment is carried out and recommendations made
- IEP is drawn up, implemented and reviewed with all involved.
- issues are discussed with the Principal/ SENCO
- following review, pupil remains at Stage 3/reverts to Stage 2 /Principal requests Statutory Assessment

Stage 4 - The Board considers the need for a statutory assessment and, if appropriate, makes a multi-disciplinary assessment;

'In some cases schools will conclude that the pupil's needs remain so substantial that they cannot be effectively met within the resources normally available to the school.' (*Supplement to the Code of Practice*), the school will submit form SA1 to Special Education who will decide whether or not to proceed with a statutory assessment. Should this be the case, the Board will consider:

- the degree of the child's difficulty
- the nature of the provision required
- whether the child's needs can reasonably be met by the resources normally available to the school

Stage 5 - The Board considers the need for a statement of special educational needs and, if appropriate, makes a statement and arranges, monitors and reviews the provision.

Once the statement has been finalised:

- provision and /or support will be arranged to meet the pupil's needs
- a Stage 5 Education Plan will be drawn up and implemented
- IEPs will be drawn up and implemented
- the Annual Review process will take place

Article 19 of the Education (Northern Ireland) Order 1996 requires that any child or young person who is the subject of a Statement of Special Educational Needs, whether attending a special or mainstream school, must be reviewed annually, to make sure that the needs of the child or young person are still being met and to consider the appropriateness of the placement. Annual Reviews should be seen as part of the process of continuous assessment of the child's progress.

The annual review:

- will assess the child's progress towards meeting the objectives specified in the statement
- will review the special provision made for the child, including placement
- will consider the appropriateness of maintaining the statement

The school will undertake the Review on behalf of the Board. The review meeting will take place in school, chaired by the Principal. The Annual Review form (AR) and P3 Transfer Form will be forwarded to the EA-NE following this meeting.

Parents can request confidentiality regarding the disclosure of disability. This will, however, have to be in the best interests of the child.

STRUCTURE OF SUPPORT

The structure of support is based on the 5 stages of the Code of Practice (NI) 1998. Children are supported through in-class support and/ or withdrawal.

(i) In-Class Support

At Stage 1 the class teacher provides children with differentiated class work according to their needs and ability. This differentiated work also continues throughout stages 2 - 5.

(ii) Withdrawal

Some of children from Stage 2 - Stage 5 are supported on a withdrawal basis in order to facilitate: -

- the completion of focused tasks
- the development of concentration

We believe that at this early stage in children's development individual, paired and small group work is best suited to their needs. However, some in-class support may also be built into the programme.

Duration of Support

- long or short term
- two sessions per week for 30 minutes with special needs teacher
- agreed hours support from a classroom assistant if a statement of SEN is in place

When more than one area of support is being addressed then sessions will increase accordingly.

Liaison

The Special Needs teacher liaises with :

- the principal/SENCO
- class teachers, classroom assistants and non teaching staff
- parents

The Principal and/or SENCO will liaise with:-

- outside agencies and other schools
- the Board of Governors

In order to :-

- give and receive information
- review progress
- plan work and set targets
- discuss and resolve difficulties
- give advice

Cognisance will be given to the views of each child according to his/her stage of development.

Liaison with Parents

The relationship between parents of a child who has special educational needs and the school has a crucial bearing on the child's educational progress. Therefore, we provide twice yearly opportunities for the special needs teacher/parent meetings between home and school in order to -

- draw on parents' distinctive knowledge of their child
- inform parents of their child's needs and progress
- encourage parents to support their child at home.

Parents may also see the Principal, SENCO, and/or the class teacher more frequently as necessary. We encourage parents to make an appointment so that time can be set aside to discuss their concerns and to reassure them.

Liaison with Secondary School

There is an agreed policy of transferring information from Toreagh to the receiving secondary school. Regarding special needs forms and reports, permission is sought (and encouraged) from parents for the transferral of these records. The information about pupils with special educational needs is given by:-

- class teacher
- SENCO and the special needs teacher.

Formal discussions are held and written records are handed over to the class teacher and the SENCO of the post – primary school. All children visit the secondary school in June. Other contact takes place as necessary between SENCOs and teachers.

Partnership With Other Agencies

The school works closely with other relevant agencies. These include:-

- peripatetic services - eg LTSS, behaviour support
- outreach teachers from special schools eg Thornfield Outreach
- speech and language therapists
- occupational therapists

- physiotherapists
- social services
- education welfare officers
- education psychologists
- clinical psychologists
- medical officers
- Other professional bodies as relevant

Staff Development

Opportunities are provided for staff development-

- within the school
- through inservice courses
- through PRSD if appropriate

Within the School

- Regular written and oral updates from SENCO
- Expertise from within the staff
- Special Needs information board in staff room
- Reference files containing specific information (SENCO) eg ADHD, Aspergers Syndrome
- Individual information for teachers on strategies to deal with ADHD, Aspergers, Dyslexia etc.
(SENCO)

In-service Courses

- Attendance by SENCO at cluster groups when possible
- Relevant and suitable in-service courses are attended by SENCO and/or class teachers.

A record of attendance is kept by the principal.

Funding

The funding for special needs is regularly supplemented from other areas of the LMS budget. The use of resources (both physical and human) are carefully considered to ensure the best quality provision for the number of children needing support at that time and the diverse nature of their needs. The school budget will supplement EA-NE financial input if necessary to ensure continuity of care.

Accessibility

At present pupils with Special Educational Needs &/or Disabilities have equal access to all areas of the school building. This is reviewed on an annual basis and contact made to EA-NE as required. Should a child apply to the school with special educational needs or a disability they will be treated fairly. A risk assessment will be undertaken and reasonable adjustments will be made to enable that child to learn alongside peers.

Admissions

Children with statements of special educational needs are placed in the school at the request of EA-NE. When seeking a place at Toreagh, EA-NE will take into account the wishes of the child's parents and the provision of efficient education for both that child and the other children in the class or school. The school will follow SENDO legislation in such a request.

Complaints Procedure

It is the policy of this school to encourage parents who have concerns about any aspect of their child's education to speak with the class teacher, the special needs co-ordinator and/or the principal at the earliest opportunity. There are also regular opportunities throughout the school year. We would hope in this way to resolve any difficulties or misunderstandings which may arise.

The formal complaints procedure is as follows:-

- speak with the class teacher and/or special needs co-ordinator by appointment
- speak with the principal by appointment
- make a written statement of concern to the principal
- make a written statement of concern to the board of governors
- make a written statement of concern to EA-NE.

A dispute avoidance and resolution service (DARS) has been set up to deal with any disputes relating to special educational needs provision. We would hope that through good communication, parents would not need to avail of this service.

Dispute Avoidance and Reconciliation Service (DARS)

This service was established and came into effect on 1st September 2005 as part of the implementation of the Special Needs and Disability Order (SENDO).

DARS aims to provide an independent, confidential forum to resolve or reduce the areas of disagreement between parents and schools/Boards of Governors or EA for pupils who are on the Code of Practice, in relation to special educational provision. Where interested parties have made an attempt to resolve a disagreement and this has been unsuccessful, a referral may be made to DARS. Members of the DARS team will facilitate the possible resolution of disagreements (in a neutral venue) but do not have the authority to resolve a dispute.

- Agreement can only be reached with the approval of interested parties.
- From referral to conclusion is approximately 40 working days.
- DARS is separate and independent from Special Education Branch.

Involvement with the DARS will not affect the right of appeal to the Special Educational Needs Tribunal. Parents/Guardians may contact this service directly.

Global Mediation will provide the new, independent DARS on behalf of EANI.

Contact: Global Mediation

55-59 Adelaide Street

Belfast BT2 8FE

Tel: 02890726060 DARS@globalmediation.co.uk

Special Educational Needs and Disability Tribunal (SENDIST)

Where agreement cannot be reached between a parent and the EA with regard to a child's special educational needs, legislation gives the right of appeal to the Special Educational Needs and Disability Tribunal or SENDIST.

SENDIST considers parents' appeals against decisions of EA and also deals with claims of disability discrimination in schools. There is a two-month time limit from the notified date of 'disputed decision' to appeal to the tribunal.

Various time limits apply for:

- Board Compliance with Orders of the Tribunal
- Boards to Comply with in Unopposed Appeals (www.education-support.org.uk)

Further information regarding the appeals procedure can be obtained from:

Special Educational Needs and Disability Tribunal

3rd Floor, Bedford House, 16-22 Bedford Street, Belfast, BT2 7DS

Telephone: 028 9072 8757

Fax: 028 9031 3510

Email: SENDTribunal@courtsni.gov.uk

APPENDIX 1

Overarching SEN Category Description:

1. COGNITION AND LEARNING (CL) Language, Literacy, Mathematics, Numeracy

Pupils can experience Cognition and Learning Needs (CL) for a variety of reasons and across a range of ability. Pupils in this category may have difficulty with one or more aspects of their learning, which do not appear to be typical of their general level of ability or their performance across other areas of the curriculum. Some pupils with learning difficulties will progress at a slower pace and have greater difficulty than their peers in all areas e.g. in acquiring basic language, literacy and numerical skills and in understanding mathematical concepts. They may also present with other difficulties associated with their cognitive learning difficulty e.g. with speech and language, social skills, concentration, self-esteem, self-help and independence skills. Other pupils in this category may have difficulty with one (or more) aspect of their learning, which does not appear to be typical of their general level of ability or their performance across other areas of the curriculum, but is impacting on their progress in school. Pupils may have language needs as a result of having expressive language difficulties which impacts on their verbal fluency, ability to form sounds, words, and sentences; or receptive language difficulties which impact on their comprehension in all subject areas. Pupils with language needs are more likely to experience difficulties in acquiring literacy. Pupils with literacy needs may struggle in one or all related areas e.g. reading, spelling and writing, as well as in understanding the written word. Other pupils may have difficulties in numeracy, such as recognising numbers or in acquiring number facts and mastering numerical operations, which impacts on their understanding of mathematical concepts. Others will have a difficulty with understanding terms specific to numeracy/mathematics e.g. digit, subtraction etc. The abstract language of mathematics e.g. mass, shape, height and distance can also create barriers to learning. Pupils in this category may also present with other difficulties associated with their cognitive learning difficulty e.g. social skills, concentration, self-esteem, self-help and independence skills. To plan interventions with children, schools should access the wide range of guidance and support materials which have been provided by the DE, EA and voluntary organisations in addition to taking cognisance of the "Good Practice Guidelines".

Specific SEN Category Descriptions within CL:

1a. Dyslexia (DYL) or Specific Learning Difficulty (SpLD) Language/Literacy

The term Specific Learning Difficulty describes a collection of difficulties related to the way in which information is learned and processed. Specific learning difficulties affects one or more specific aspects of learning. This encompasses a range of conditions such as Dyslexia and Dyscalculia. Dyslexia is best described as a continuum of difficulties in learning to read, spell or write, which persist despite appropriate learning opportunities. These difficulties are not typical of performance in most other cognitive academic areas, and the characteristic features are difficulties with:

- Phonological processing
- Aspects of language including verbal processing speed
- Short-term memory
- Sequencing

- Motor function
- Organisational skills
- Number skills especially mental calculation
- Concentration and attention

1b. Dyscalculia (DYC) or Specific Learning Difficulty (SpLD) – Mathematics/Numeracy

Pupils with Dyscalculia have difficulty acquiring arithmetical skills. Some pupils with Dyslexia also have difficulties with number and it is more likely that these accompany the language difficulties associated with Dyslexia. Pupils with Dyscalculia will have difficulty understanding simple number concepts, lack an intuitive grasp of numbers, and have problems learning number facts and procedures. Their difficulties are often not typical of their performance in most other cognitive and academic areas. It is estimated that 'most dyscalculic pupils have cognitive and language abilities in the average range.' (British Dyslexia Association, 2005)

1c. Moderate Learning Difficulties (MLD)

Pupils with moderate learning difficulties will learn at a slower pace and have greater difficulty than their peers in all academic aspects of the curriculum. On standardised tests of ability and attainment, they are likely to have levels at or below the second percentile i.e. the lowest 2% of age related peers. They may also have needs associated with their learning difficulties in the areas of speech and language, self-esteem, concentration and immature social skills. Pupils with moderate learning difficulties require a differentiated curriculum and a multi-sensory approach to their learning. With tailored learning opportunities, the majority of pupils with MLD make good progress in mainstream schools.

1d. Severe Learning Difficulties (SLD)

Pupils with severe learning difficulties have significant intellectual or cognitive impairments with attainment levels normally at or below the 0.1 percentile and will require a higher level of support than their age related peers in all areas of the curriculum and in most activities throughout the school day. They may also have difficulties with mobility, co-ordination, communication and perception. They will require experiential learning in order to develop their self-help, independence and social skills. Pupils with SLD will require support to further their independence, and the majority will remain dependent on adults for aspects of their care. Some may communicate through the use of modified sign and symbols; however, many will be able to use basic functional language and enjoy learning, interacting and socialising with their peers. Pupils with SLD will require provision that is additional to or different from their peers. The majority of parents elect to have a special school placement for their children with SLD. However, depending on their individual profile, some pupils with SLD make good progress in mainstream school with additional support and where this is the parental preference. If a pupil has SLD this should always be recorded as their primary SEN due to the impact on their ability to access strategies or equipment to bypass other areas of SEN.

1e. Profound and Multiple Learning Difficulties (PMLD)

Pupils with profound and multiple learning difficulties have significant and complex learning needs. In addition to severe learning difficulties, they will have significant SEN in at least two or three other

areas, e.g. physical disability/sensory impairment/ and medical condition(s). They will require a high level of adult support, for both their educational and personal care needs. They are likely to require specialist equipment and support for their posture, feeding and intimate care. Many will have a Healthcare Plan. The pupils will require sensory stimulation and a highly differentiated and graded approach to their learning provided by experienced staff. While most pupils with PMLD communicate by gesture, eye pointing or symbols, others have basic communication skills. If a pupil has PMLD this should always be recorded as their primary SEN due to the impact on the child's ability to access strategies or equipment to bypass other areas of SEN.

2. SOCIAL, BEHAVIOURAL, EMOTIONAL AND WELL-BEING (SBEW)

Pupils can experience Social, Behavioural, Emotional and Well-being needs for a variety of reasons and across a range of ability. Pupils recorded in this category will have difficulty in the development of their social, behavioural, emotional skills and well-being (SBEW). They may have immature social skills and find it difficult to initiate and sustain healthy relationships which is impacting on their learning and progress in school. Pupils with these difficulties may present as withdrawn, isolated, challenging, disruptive or disturbed/distressed. A wide range of mental health problems may also be present. Difficulties can result from home and environmental circumstances, physical or mental illness, or psychological trauma. Pupils with SBEW often require differentiated programmes of support to address their specific difficulties and to ensure that the necessary steps are taken to deliver interventions to the child. This may also include a risk assessment and risk management plan, or a Behaviour and Safe Handling Plan. To plan interventions with children, schools should access the wide range of guidance and support materials which have been provided by the DE, EA and voluntary organisations in addition to taking cognisance of the 'Good Practice Guidelines'.

Specific Categories within SBEW

2a. Social and Behavioural Difficulties (SBD)

Pupils with SBD display a wide range of social and behavioural presentations which may include some periods of being withdrawn or isolated but will more commonly have a challenging, disruptive or disturbing presentation. These behaviours can inhibit the child's learning and progress and disrupt the education of others. In some cases, difficulties may arise from or be exacerbated by circumstances within the school environment e.g. sensory overload, changes in routine, fear of failure or poor peer relationships. Some pupils with social and behavioural difficulties will have immature social skills and find it difficult to make and sustain healthy relationships with peers and teachers. These may arise from adverse childhood experiences, abuse, neglect, physical or mental illness, sensory or physical impairment, a specific learning difficulty or psychological trauma. Others may arise from a condition such as ADD, ADHD, Attachment Disorder or Autism. If a child's Social and Behavioural difficulties are related to a medical diagnosis or physical condition and the difficulties are impacting on accessing the curriculum, the pupil should be recorded as having SEN in this category in addition to recording any appropriate diagnosis from the HSCT on the Medical Register.

2b. Emotional and Well-being Difficulties (EWD)

As with SBD, pupils with EWD may experience and display a wide range of emotional and well-being difficulties which manifest themselves in a number of ways including presenting with isolated or withdrawn behaviour as well as some challenging, disruptive or disturbing behaviour.

The behaviour of the pupils to be recorded in this category are more likely to reflect underlying mental health disorders as identified by the HSCT such as low mood, anxiety, depression, self-harming, substance misuse, eating disorders or physical symptoms which are medically unexplained. The pupils are likely to be or have been supported by Child and Adolescent Mental Health Services (CAMHS.) If a pupil's EWD difficulties are related to a medical diagnosis or physical condition and the difficulties are impacting on accessing the curriculum, the pupil should be recorded as having SEN in this category in addition to recording any appropriate diagnosis from the HSCT on the Medical Register.

2c. Severe Challenging Behaviour (SCB) associated with Severe Learning Difficulties (SLD) or Profound and Multiple Learning Difficulties (PMLD)

Only pupils identified with SLD or very occasionally pupils with PMLD should be recorded in this category. Pupils with SLD and PMLD often display SCB which functions to enable them to have their needs met and/or control their environment. These behaviours are normally pervasive, characterised by their frequency and intensity and will include unpredicted outbursts including assaults on others and uncooperative behaviour often accompanied by obsessional habits. These behaviours will pose serious risk to self and others and can often result in damage to the environment.

2c. Severe Challenging Behaviour (SCB) associated with Severe Learning Difficulties (SLD) or Profound and Multiple Learning Difficulties (PMLD)

Only pupils identified with SLD or very occasionally pupils with PMLD should be recorded in this category. Pupils with SLD and PMLD often display SCB which functions to enable them to have their needs met and/or control their environment. These behaviours are normally pervasive, characterised by their frequency and intensity and will include unpredicted outbursts including assaults on others and uncooperative behaviour often accompanied by obsessional habits. These behaviours will pose serious risk to self and others and can often result in damage to the environment. In other cases sudden onset of SCB is often an indicator that a pupil is in pain or distress e.g. toothache, joint pain, or experiencing mental health difficulties, but the pupil is unable to comprehend or communicate their needs. In these cases appropriate treatment should alleviate the SCB and the category would no longer be appropriate. Pupils with SCB will have had a risk assessment and will have a risk management plan and/or behaviour plan that will include any medication and safe handling requirements. They are likely to be involved with the HSCT services. Pupils with SCB and SLD/PMLD, require close supervision in a modified and specialist setting where the staff are trained in Safe Handling and experienced in understanding and managing the needs of pupils with SCB. With the correct environmental adjustments, a pupil's severe challenging behaviour can often reduce in frequency and intensity.

3. SPEECH, LANGUAGE AND COMMUNICATION NEEDS (SLCN)

Pupils can experience speech, language and communication needs for a variety of reasons and across a range of ability. This broad category covers a range of conditions affecting speech language and communication. Pupils can have difficulty with expressive skills (making themselves understood) and/or receptive skills (understanding). With appropriate school based interventions, pupils can make progress in relation to this. Some pupils may have difficulties with the social and pragmatic aspects of communication and interaction. These pupils may require intervention to develop their linguistic competence in order to support their thinking, as well as their communication skills. Other pupils have significant difficulties in speech and language which are not typical of their general level of performance in other areas of the curriculum. They may gain skills in some subjects and demonstrate ability in other areas, but encounter sustained difficulty in gaining speech and language skills. To plan interventions with children, schools should access the wide range of guidance and support materials which have been provided by the DE, EA and voluntary organisations in addition to taking cognisance of the 'Good Practice Guidelines' to support pupils with SEN.

Please Note: Pupils whose first language is not English should not be recorded on the SEN Register in relation to speech, language and communication unless they also have a SEN.

Specific SEN Category Descriptions within SLCN:

3a. Developmental Language Disorder (SEN) (DLD)

Developmental Language Disorder (SEN) (DLD), is the term which is used when a child has speech and language difficulties, which are **not** associated with a known biomedical condition such as brain injury, neurodegenerative conditions, Cerebral Palsy, genetic conditions or chromosome disorders such as Down's Syndrome, Sensorineural Hearing Loss, Autism Spectrum Disorder, Acquired Epileptic Aphasia in childhood, or intellectual disability.

Pupils with DLD are likely to have significant language difficulties which create barriers to communication or learning in everyday life and are unlikely to resolve by five years of age. They are likely to persist over time. Developmental Language Disorder (DLD) can occur with attention difficulties (e.g. ADHD), motor difficulties (e.g. CDC, Dysarthria), literacy, speech sound disorder, adaptive behaviour, auditory processing and behaviour/emotional problems. Pupils with DLD will be known to the HSCT Speech and Language Therapists and in primary school are more likely to require provision that is additional to or different from their peers compared to the pupils in the other categories within Speech Language and Communication (e.g. Speech Language and Communication Class).

3b. Language Disorder (LD) associated with a differentiating biomedical condition

Language Disorder is to be recorded as the SEN category when the pupil's speech and language difficulties occur as part of a more complex pattern of impairments or conditions. Such conditions include: brain injury; neurodegenerative conditions; genetic syndromes, e.g. Down's Syndrome; Cerebral Palsy; Sensorineural Hearing Loss and Autism Spectrum Disorder.

3c. Communication and Social Interaction Difficulties (CSID)

Pupils with communication and social interaction difficulties present with persistent difficulties in the social use of verbal and nonverbal communication. These difficulties result in functional

limitations in effective communication, social participation, social relationships and academic achievement. The onset is in early development, but difficulties may not become fully manifest until they enter a group setting, when the difficulties begin to impact on learning. Pupils in this category will have marked deficits in verbal communication, social impairment, limited initiation of social interactions, and reduced or abnormal responses to social interaction. Social relationships will most likely be impaired and those with difficulties in this area may present with challenging or withdrawn behaviour as the language they need to understand and use becomes more complex. They may also have difficulty understanding and/or using the social rules of communication. This cohort can include pupils with genetic syndromes, sensorineural hearing loss, neurological disease, autistic spectrum disorder or moderate or severe learning difficulty. Pupils who have ASD and CSID are more likely to require provision that is additional or different from their peers.

4. SENSORY (SE)

Pupils can experience a wide range of sensory difficulties for a variety of reasons and across a range of ability. Whilst Sensory is primarily a medical need, it has an educational impact in respect of access to the curriculum. Pupils should only be recorded in one of the sensory categories if identified as having a special education need in one of these areas. Early recognition, diagnosis, treatment and access to specialist support, equipment and provision of adaptations to the physical environment will be required for many. This is essential to ensure that the best outcomes are achieved for pupils with hearing and vision difficulties in language acquisition, academic achievement and emotional development. Pupils with a SEN as a result of Sensory needs are likely to be known to the EA Sensory Services. To plan interventions with children, schools should access the wide range of guidance and support materials which have been provided by the DE, EA and voluntary organisations in addition to taking cognisance of the 'Good Practice Guidelines' to support pupils with SEN.

Specific SEN Category Descriptions within SE:

Visual Impairment (V-I)

Pupils with visual impairment cover the spectrum of ability. Visual impairment refers to a range of difficulties from minor impairment through to blindness. Pupils are considered to be visually impaired if they require adaptations to their environment and specific differentiation of learning materials in order to access the curriculum. Pupils in this category will be known to the EA Sensory Services and are likely to access adapted materials from the Regional Vision Resource Base (RVRB.)

4a. Blind (BD)

The World Health Organisation (WHO) definition of blindness based on visual acuity scores suggests that a child/or young person who is blind will have a score of <3/60. As well as digital resources, pupils who are blind or have very limited useful sight may benefit from tactile methods of learning, such as Braille and 3-D representations, alongside making optimal use of their hearing. Less than 10% of those registered blind are totally blind, most have some residual vision.

4b. Partially sighted (PS)

This term is used to refer to pupils who have useful vision for school tasks, but require adaptations to teaching methods and differentiated materials. They may require enlarged print or a mix of learning methods. According to the WHO definition it may be expected that their visual acuity may

range from <6/18 to >3/60. A pupil who has vision corrected by spectacles should not be recorded in this category.

Hearing Impairment (H-I)

Pupils with hearing impairment cover the spectrum of ability. Pupils with a H-I will have difficulties that prevent or hinder them from making use of typical educational facilities. Difficulties in school can be age-related, and range from a mild hearing loss to those who are profoundly deaf, some may have a cochlear implant. Many pupils with a hearing impairment (HI) will require specialist support and/or equipment to access their learning. Adaptations to the environment may also be required. Pupils with hearing impairment cover the spectrum of ability.

4c. Severe/Profound Hearing Impairment (SPHI)

Pupils who should be included in this category will usually have a hearing loss of 71 to 95+ decibels.

4d. Mild/Moderate Hearing Impairment (MMHI)

Pupils who should be included in this category will usually have a hearing loss of 20 to 70 decibels.

4e. Multi-Sensory Impairment (MSI)

Pupils with multi-sensory impairment (MSI) have a combination of vision and hearing needs. They can also be referred to as having a dual sensory loss or deaf blind. Many have additional disabilities, but their complex needs mean that it may be difficult to ascertain their intellectual abilities. Pupils need teaching approaches, which make effective use of their residual hearing and vision, together with their other senses. They will require alternative means of communication. Those with MSI have much greater difficulties accessing the curriculum and the environment than those with a single sensory need. They will have difficulties with perception, communication, mobilising and acquiring information. Incidental learning is limited and the combination of these needs can result in high anxiety, depression, isolation, loss of confidence and independence.

5. PHYSICAL NEEDS (PN)

There is a wide range of physical disabilities affecting pupils within the whole ability range. Some pupils are able to access the curriculum and learn effectively without additional educational provision. They may have a disability and require reasonable adjustments but do not have a special educational need. These pupils should be recorded on the Medical Register. For others, the impact on their education may be severe. Pupils with a medical diagnosis or a physical condition impacting on their physical needs will only be recorded on the SEN Register if special educational provision is required in school. In these cases, children should be recorded on the Medical Register and on the SEN Register. To plan interventions with children, schools should access the wide range of guidance and support materials which have been provided by the DE, EA, HSCT and voluntary organisations, in addition to taking cognisance of the 'Good Practice Guidelines' and "Supporting Pupils with Medication Needs in School".

Specific SEN Category Descriptions within PN:**5a. Physical (P)**

Pupils with a medical diagnosis or a physical condition will have SEN if external resources are required to meet their needs in school. They should therefore be recorded on the Medical Register (medical diagnosis including physical conditions) and also on the SEN Register (if special educational provision is needed.)

LIST - MEDICAL DIAGNOSIS (INCLUDING PHYSICAL CONDITIONS) CATEGORIES

1. Epilepsy
2. Asthma
3. Diabetes
4. Anaphylaxis
5. Autism Spectrum Disorder (ASD)
6. Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)
7. Dyspraxia/Development Co-ordination Disorder (DCD)
8. Developmental Language Disorder (Medical) (DLD)
9. Global Developmental Delay
10. Down's Syndrome
11. Complex Healthcare Needs
12. Anxiety Disorder (includes social anxiety, phobia, school refusal, obsessive compulsive disorder)
13. Depression
14. Eating Disorder
15. Psychosis
16. Other Mental Disorder
17. Cerebral Palsy
18. Spina Bifida - with Hydrocephalus
19. Spina Bifida - without Hydrocephalus
20. Muscular Dystrophy
21. Acquired Brain Injury
22. Visual Impairment
23. Hearing Impairment
24. Physical Disability
25. Other Medical Condition/Syndrome

DESCRIPTIONS - MEDICAL DIAGNOSIS (INCLUDING PHYSICAL CONDITIONS) CATEGORIES

1. Epilepsy

Pupils with epilepsy have a tendency to have epileptic seizures, with most of these happening suddenly and without warning. The pupil may pass out and later not remember what has happened. Seizures can affect pupils in different ways including:

- Uncontrollable jerking and shaking, sometimes called a “fit” or “attack.”
- Losing awareness and staring blankly into space, sometimes accompanied by repetitive movements such as lip smacking or blinking.
- Becoming stiff.
- Strange sensations – such as a rising feeling in the tummy, unusual smells or tastes, or a tingling feeling in their arms and legs.
- Falling down suddenly/collapsing.

2. Asthma

Pupils with asthma typically have episodes of wheezing, breathlessness, chest tightness and coughing. These episodes, sometimes called “attacks”, may occur particularly at night or in the early morning and can be triggered by a variety of factors including:

- Allergy e.g. dust, pollen, pets.
- Exertion/exercise.
- Cold air.
- Airway infections e.g. cold, flu.
- Air pollution, smoke.
- Emotional stress.

Pupils may take medication, often by inhaler, to minimise the occurrence of these symptoms.

3. Diabetes

In diabetes a pupil’s blood sugar is too high and this may typically cause symptoms of feeling thirsty, drinking a lot of fluids, passing a lot of urine, feeling tired and losing weight. The pupil’s high blood sugar and symptoms can be managed by treating the pupil with insulin, which lowers their blood sugar and crucially minimises the long term effects from diabetes. A pupil’s blood sugar may also occasionally become too low, most commonly when he/she has taken too much insulin, skipped a meal or after unexpected exercise. The pupil may feel unwell, sweaty, shaky, dizzy, have palpitations, and/or become irritable and confused with unusual behaviour, slurred speech (as if drunk) and can collapse.

4. Anaphylaxis

Anaphylaxis is a severe allergic reaction which can occur within minutes of exposure to the particular substance (allergen) to which the pupil is allergic. Common allergens include nuts, fish/shellfish, bee/wasp stings, latex, penicillin, sesame, dairy products and eggs. Symptoms of anaphylaxis which a pupil may demonstrate include:

- Generalised flushing of the skin.
- Nettle rash (hives) anywhere on the body.
- Swelling of throat and mouth.
- Difficulty in swallowing, speaking.
- Sense of impending doom/anxiety.
- Severe asthma attack.
- Abdominal pain, nausea and vomiting.
- Altered heart rate (usually fast).
- Sudden feeling of weakness.
- Collapse/unconsciousness.

5. Autism Spectrum disorder (ASD)

While the characteristics shown by individual pupils with ASD will vary, depending for example on their age and how severely they are affected, they generally fall into three main areas:

i. Communication

Pupils have difficulties with both verbal (speaking) and non-verbal (eye contact, facial expressions and gestures) communication. Some pupils may not be able to talk at all or have very limited speech, while others may have good speech, but still have difficulty using their speech socially or to sustain a conversation.

ii. Social Interaction

Pupils have difficulties understanding the social behaviour of others and often have difficulty recognising and understanding their own feelings and those of other people around them, thus making it difficult to make friends. They may prefer to spend time alone or appear insensitive to others.

iii. Behaviour and Interest

Pupils may prefer familiar routines e.g. same route to school each day, and find change difficult and distressing. They may have unusual, intense and specific interests e.g. lists of dates, or they may use toys in an unimaginative form e.g. as objects to line up. Pupils may have sensory difficulties such as unusual responses to smells, touch/textures, taste, sights and sounds and may be more sensitive to such stimuli than their peers. Some pupils may show unusual repetitive movements e.g. hand or finger flapping or complicated whole body movements.

6. Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)

Pupils with Attention Deficit Hyperactivity Disorder (ADHD) have underlying difficulties with attention, hyperactivity and impulsivity. Not all pupils have all the symptoms, some have difficulties with attention while others are mainly hyperactive. Pupils with ADHD can present with different behaviours depending on age, setting (i.e. school, home and playground) and motivation (when engaged in an activity which interests them.) Pupils with Attention Deficit Disorder (ADD) can appear forgetful, distracted, not seeming to listen, disorganised, take ages to start doing things and then when they do, rarely finish them. Pupils with hyperactivity appear restless, fidgety, full of energy and always on the go. They may seem loud or noisy with a continuous chatter. Pupils with symptoms of impulsivity act without thinking. They have difficulty waiting for their turn in games or in a queue, and interrupt people in conversation.

7. Dyspraxia/Development co-ordination disorder (DCD)

Pupils with DCD have marked impairment in the development of motor co-ordination that is not explainable by intellectual disability or a known physical disorder. The diagnosis of DCD should only be made if this impairment significantly interferes with routine activities of daily life or academic achievement. Pupils with DCD have an impairment or immaturity of the organisation of their movements, often appearing clumsy, and they find gross and fine motor skills hard to learn and difficult to retain and generalise. Pupils may have poor balance and co-ordination and may be hesitant in many actions (running, skipping, hopping, holding a pencil, doing jig-saws, etc). Their articulation may also be immature and their language late to develop. They may also have poor awareness of body position and immature social skills.

8. Developmental Language Disorder (Medical) (DLD)

DLD is characterized by persistent difficulties in the acquisition, understanding, production or use of language (spoken or signed), which arise during the developmental period, typically during early

childhood, and cause significant limitations in the individual's ability to communicate. The language deficits are not explained by an obvious cause such as another neurodevelopmental disorder or a sensory impairment or neurological condition, including the effects of brain injury or infection. DLD may be identified in a pupil when their development of talking falls behind that of other children of the same age and level of intellectual functioning and interferes with everyday life and school achievement. It may be noticeable that the pupil doesn't say very much, his/her talking seems immature, he/she may struggle to find the right words and they do not appear to understand what is said to them.

9. Global Developmental Delay

Global Developmental Delay is a term used when a delay occurs in a child reaching the development milestones that are expected for a child their age. These developmental delays include problems with speech and language, movement/motor skills, cognitive skills, social and emotional skills and in Global Developmental Delay a delay occurs in many or all of these areas.

Common causes of Global Developmental Delay include a genetic or chromosomal defect e.g.

Down's Syndrome or Fragile X syndrome, cerebral palsy, premature birth and problems with the structure or development of the brain. However, often the cause of Global Developmental Delay cannot be identified.

10. Down's Syndrome

Every pupil with Down's syndrome is affected differently, but most share certain physical characteristics and developmental problems.

Common physical characteristics include poor muscle tone/floppiness, facial features (small nose and flat nasal bridge, small mouth with a tongue that may stick out, eyes that slant upwards and outwards), a flat back of head, broad hands with short fingers and their palm may only have one crease. Pupils with Down's syndrome have a degree of intellectual disability and delayed development where they may be slower to learn skills like sitting, walking and talking. Pupils with Down's syndrome may also have other co-occurring conditions such as ASD, ADHD, heart problems, difficulties with hearing and vision and are also at a higher risk of infections than other young people.

11. Complex Healthcare Needs

Include in this category pupils with a range of complex medical needs which impact significantly on their access to learning.

12. Anxiety Disorder (includes social anxiety, phobia, school refusal, obsessive compulsive disorder)

We all get frightened or worried on occasion; however, pupils with anxiety disorder feel frightened or worry excessively and this can get in the way of enjoying life. Pupils may describe physical symptoms of feeling sick, dizzy, short of breath, butterflies in the stomach or a racing heart. Pupils may also describe feeling upset, worried, irritable, being unable to relax and have difficulty concentrating.

Anxiety can be present most of the time or in specific situations. Pupils may have a fear (phobia) of particular things e.g. animals, darkness, or of certain situations e.g. standing up in class/assembly or mixing with new people. Pupils may also have panic attacks which are discrete periods when they feel both the physical symptoms above and also very frightening thoughts like thinking they are going to die or they are dying or their mind is out of control.

Some pupils may feel separation anxiety when away from their parents or family who usually look after them. While this is normal for very young children it can make it difficult for some older children to attend school.

An obsession is a thought, image or urge which keeps coming into the pupil's mind even though it may be unpleasant or distressing and he/she may want it to go away. Common examples of obsessions include fears about dirt, spreading disease, needing to be tidy, having an illness or something "bad" happening. Compulsions are the things the pupil feels they need to do to control their obsessions. Common examples including washing, checking, thinking certain thoughts, touching, counting or arranging/lining things up in a particular way. Often a compulsion means doing something again and again as a "ritual" and although the pupil may try to stop doing it, this may not be possible. When obsessions and compulsions take up a lot of the pupil's time, interfere with their life and cause distress, the pupil then has an obsessive compulsive disorder.

13. Depression

Pupils may feel sad as a normal reaction to stressful or upsetting experiences; however, when these feelings persist and take over their life it can become an illness called depression.

Depression can affect how pupils feel and behave. A pupil may feel unhappy, be self-blaming or self-hating, feel tired, have low self-esteem and even feel hopeless and wanting to die. Pupils may change their behaviour and become withdrawn, easily upset or tearful, neglect personal appearance, have poor concentration and complain of aches/pains such as headaches or stomach aches. Pupils may start missing school or misusing drugs or alcohol. Some pupils may injure or harm themselves on purpose rather than by accident. Common examples include over-dosing (self-poisoning), hitting, cutting or burning themselves, pulling their hair, picking their skin or by self-strangulating. Pupils may say different things about why they self-harm. Some may have a problem and feel trapped and find that self-harm helps them feel more in control. Some use self-harm to relieve feelings of anger or tension which they have bottled up inside, while others may use self-harm as a way of punishing themselves due to unbearable feelings of guilt or shame. Pupils trying to cope with very up-setting experiences, such as trauma or abuse, may feel "numb" or "detached" and use self-harm as a way of feeling more connected and alive. A proportion of young people who self-harm do so because they feel so upset and overwhelmed they wish to take their own lives.

14. Eating Disorder

Many pupils worry about their weight, shape or diet. In more serious cases this can progress to an eating disorder of which the most common are anorexia nervosa and bulimia nervosa. Pupils with anorexia nervosa worry about being fat, even if they are skinny, eat very little and lose weight. They feel guilty when they eat, may exercise more than usual and can use laxatives, vomiting or sometimes other medications/herbal remedies to lose weight. For girls, periods may become irregular or stop.

Pupils with bulimia nervosa also worry about their weight and alternate between eating very little and then having binges. They commonly feel fat, guilty and ashamed when they binge and may vomit or take laxatives afterwards. Eating disorders can cause pupils to be anxious, depressed, have poor concentration, lose confidence and withdraw from friends.

15. Psychosis

When a pupil has a psychosis they can have very unusual thoughts and experiences which may either appear suddenly or develop gradually over time. They may experience one or more of the following:

- Unusual beliefs (delusions) which are obviously untrue to others but the pupil strongly believes them. For example, when a pupil is psychotic they may think there is government plot to harm them, or they have special powers or they are being taken over by aliens.
- Unusual experiences (hallucinations) when they hear, see, smell, taste or feel something that isn't really there. These hallucinations are real to the pupil and can be very frightening.

- They are not able to think straight and their ideas seem jumbled. This thought disorder is more than just being muddled or confused and it may be difficult to follow what they are saying.

16. Other Mental Disorder

This category should be used for those unusual cases with a mental disorder who do not fit within any of the categories 12 – 15 described above.

17. Cerebral Palsy

The severity of symptoms in cerebral palsy varies significantly from child to child and equally the specific parts of the body that are affected can also vary with sometimes only one side of the body affected, sometimes mainly the legs and sometimes the whole body. Pupils may have difficulties with movement and co-ordination, including seeming too stiff or too floppy, fidgety, having jerky or clumsy movements or random uncontrolled movements, muscle spasms, shaking hands (tremors) and walking on tip-toes. Pupils with cerebral palsy may also have a range of other problems including swallowing difficulties and drooling, epilepsy, constipation, urinary incontinence, problems with speaking and communication, spinal or hip problems, vision or hearing problems or an intellectual disability.

18. Spina bifida – with Hydrocephalus

Most pupils with spina bifida have some degree of weakness or paralysis in their legs and may need ankle supports, crutches or wheelchair to get around. Pupils may have bladder problems such as incontinence, urinary tract infections, kidney damage or stones. Pupils may also have bowel problems such as incontinence or constipation, which can be accompanied by soiling. Hydrocephalus, or fluid on the brain, may be obvious at birth with an unusually large head; however, some pupils may develop hydrocephalus during childhood. Typically, pupils with hydrocephalus may complain of headaches, feeling confused, neck pain, nausea, sleepiness, altered vision, difficulty walking, urinary and sometimes bowel incontinence.

19. Spina bifida – without Hydrocephalus

Most pupils with spina bifida have some degree of weakness or paralysis in their legs and may need ankle supports, crutches or even a wheelchair to get around. Pupils may have bladder problems such as incontinence, urinary tract infections, kidney damage or stones. Pupils may also have bowel problems such as incontinence or constipation, which can be accompanied by soiling.

20. Muscular Dystrophy

There are different types of muscular dystrophy which generally cause the young person's muscles to weaken and over time this leads to an increasing level of disability. Symptoms that pupils may show therefore will tend to get worse over time and often begin by affecting a particular group of muscles before then affecting the young person's muscles more widely. Pupils may have difficulty with physical tasks such as walking, climbing stairs, playing sports or lifting objects.

21. Acquired Brain Injury

An acquired brain injury is an injury to the brain since birth. There are many possible causes of such an injury including a fall, road accident, tumour, a brain haemorrhage or an infection such as encephalitis. Pupils may show physical effects including excessive tiredness, poor balance or co-ordination, speech difficulties, epilepsy, weakness or paralysis. Pupils may have problems in how they think, learn and remember including poor short term memory, reduced motivation and concentration, reduced problem solving ability, difficulty in taking in information or making sense of

ordinary pictures or shapes. Pupils may also have emotional and behavioural problems including personality changes, loss of confidence, mood swings, frustration and anger, anxiety or impulsive behaviour.

22. Visual Impairment

Pupils with visual impairment have decreased sight that causes difficulties and cannot be corrected by usual methods such as glasses. Visual impairment covers a range of disability from relatively minor to blindness. Pupils who are blind or have very limited useful sight require tactile methods of learning, such as braille and 3D representations, together with making optimum use of their hearing and Information Technology. A pupil who uses braille is often described as “educationally blind”. It should be noted that less than 10% of those registered blind, are totally blind, most having some useful residual vision. It is unusual for a pupil who is blind to be placed in a mainstream class. Some pupils with less visual impairment may require adaptation to teaching methods and differentiated materials for certain school tasks e.g. enlarged print or a mix of learning methods.

23. Hearing Impairment

Pupils with a hearing impairment range from those with a mild hearing loss to those who are profoundly deaf. Some children are born deaf while others may become deaf later on due to, for example, an illness. Pupils with hearing impairment cover the whole cognitive ability range and for educational purposes are regarded as having a hearing impairment if they require hearing aids, adaptations to their environment and/or particular teaching strategies in order to access the concepts and language of the curriculum.

24. Physical Disability

There is a wide range of physical disabilities affecting pupils within the whole ability range. This category should be used if the pupil would either be prevented or hindered from making use of educational facilities of a kind generally provided for children of their age in ordinary schools due to their physical needs/difficulties. As per Article 3 2b of the Education (Northern Ireland) Order 1996.

APPENDIX 2 THE FIVE STAGE APPROACH

<u>STAGE</u>	<u>PERSONNEL</u>	<u>ACTION</u>
<u>Stage 1</u> Initial Concern Expressed	Teacher, SEN Co-ordinator, Principal and Parents.	Teacher initiates programme in child's class. Discussed and signed by all personnel mentioned
<u>Stage 2</u> Initial Concern Expressed or Stage 1 Review	Special Needs Co-ordinator, Teachers, Principal, Parents and Others	IEP is drawn up by Teacher and Co-ordinator and is implemented. Again this is discussed and signed by all personnel mentioned.
<u>Stage3</u> Initial Concern Expressed or Stage 2 Review	Teacher, Special Needs Co-ordinator, External Specialists, Parents, Principal and Board.	IEP is drawn up and support provided by outside specialists. Again this is discussed and signed by all personnel mentioned.
<u>Stage 4</u> Referred for Statutory Assessment	Board, Teacher, Principal, Parents, Psychologist, Social Services, GP and Others	School continues to provide service to pupils as per IEP. Discussed with parents. Multi-disciplinary assessment is made. Information in written report form gathered from all personnel mentioned by EA-NE
<u>Stage 5</u> Board obtains advice from others.	Board, Parents, Principal and Others.	Board decides whether to make a statement and informs all personnel involved accordingly.

APPENDIX 3

An important consideration for any class teacher is to know when to raise the profile of the child's learning difficulties ie. No longer viewing the difficulties as temporary or transitory.

The following questions are suggested as a means of helping the class teacher decide. The teacher should consider the whole picture, backed up by help from the SEN co-ordinator before making a decision.

In order to put a child on the SEN register think about:

1. What has the child learnt so far as the result of your teaching?
2. What has the child accomplished at present?
3. How does this compare to the accomplishments that are typical of other pupils?
4. What has the child not managed to learn as a result of your teaching?
5. How does this compare with responses to your teaching among other children?
6. In terms of what the child can and cannot do, can you state what leads you to conclude that she/he possesses special educational needs?
7. Is your assessment of this child's competence reliable and valid?
 - a. Has your opinion of the child's functioning been influenced by extraneous factors (for example: the child's appearance, disposition, any experience teaching older siblings, conflicts of personality, parental antagonism etc.)?
 - b. Has she/he had the opportunity to access a broad and balanced curriculum?
 - c. Is the instruction that has been provided typical of normal teaching geared to the majority of pupils?
 - d. Have you permitted the child access to the full range of suitable, conventional teaching strategies within your repertoire (bearing in mind resources presently available to you)?
 - e. Has such access been provided for a sufficient length of time to permit reasonable judgements to be made?
 - f. Have you monitored his/her responses?
 - g. Have you evidence of achievement?
 - h. Have you evidence of failure to achieve?
8. Have you discussed your concerns with your school's Special Educational Needs Coordinator?
9. Have you sought the Coordinator's advice?
10. Have you discussed your conclusions with the child's parents?
11. Have you considered and made notes of their views?
12. Where appropriate, have you shared your concerns with the child?

Transition from Stage 1 to Stage 2

For the class teacher, the transition between Stage 1 and Stage 2 may be more difficult to negotiate.

The following questions are suggested as a means of helping class teachers make up their minds on this issue.

1. Have you made systematic efforts (within resources available to you) to differentiate your classroom teaching to suit this child's requirements?
2. Do you have evidence of these efforts in terms of Teaching/Learning Plans?
3. Has the pupil had the opportunity to access a broad and balance curriculum?
4. What evidence has there been of progress in:
 - English
 - Mathematics:
 - Science:
 - Technology and Design:
 - History:
 - Geography:
 - Art and Design:
 - Music:
 - Physical Education:
 - Other curriculum areas?
5. If there is progress, is the evidence:
 - a) quantitative
 - b) qualitative
 - c) both?
6. Have special steps to differentiate teaching been in action for at least one term?
7. In your view, is this long enough to form reliable judgements regarding progress?
8. Have you reviewed the results of your special efforts to differentiate your teaching with the Special Educational Needs Coordinator?
9. Have you sought the coordinator's advice?
10. Have you discussed your conclusions with the child's parents?
11. Have you considered and made note of their views?
12. Where appropriate, have YOU shared your concerns with the child?