Sharnbrook Primary

SEND
Graduated Response

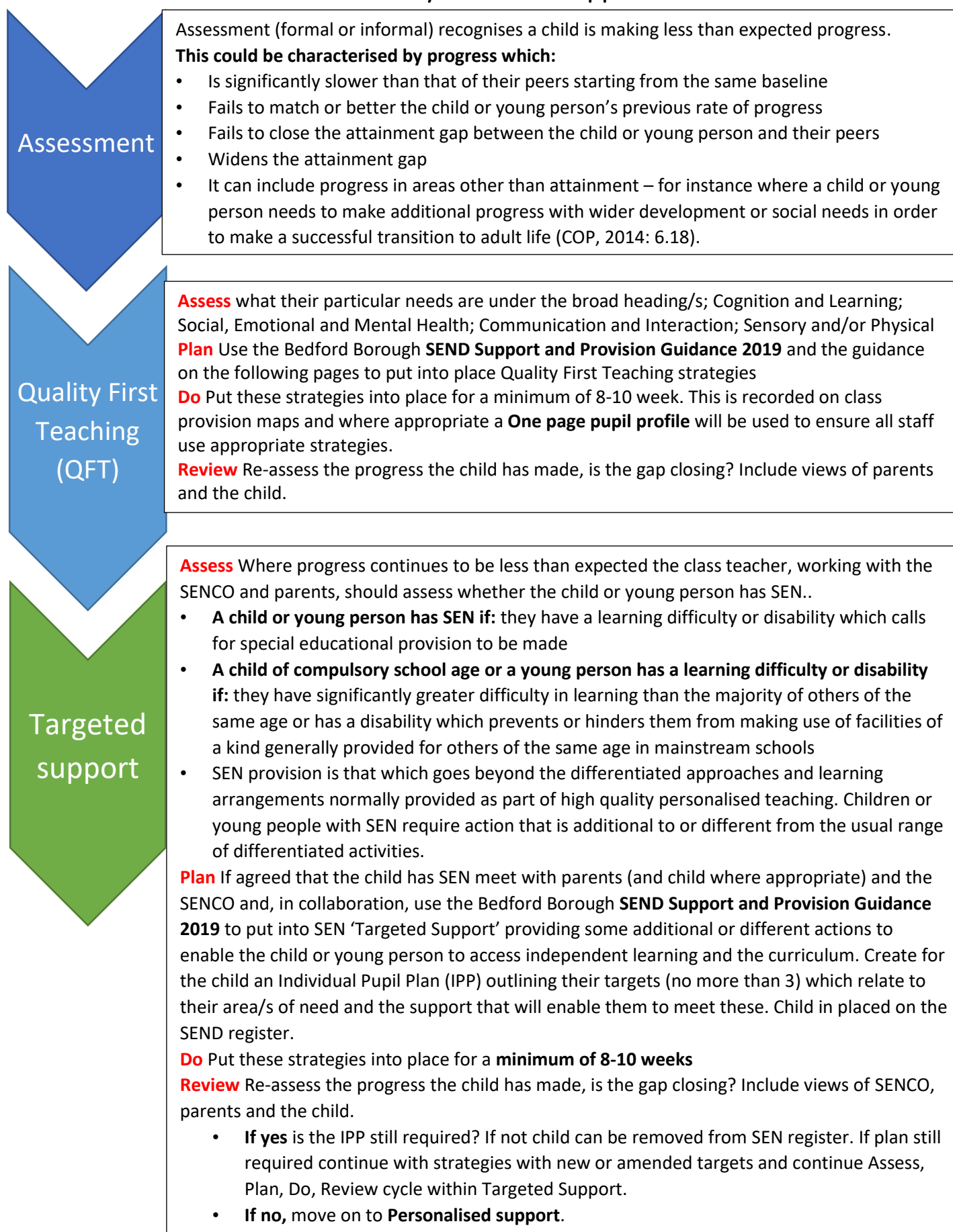# 2023-2024

Sharnbrook Primary Graduated Approach to SEN

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Sharnbrook Primary Graduated Approach to SEN

Assessment

Assessment (formal or informal) recognises a child is making less than expected progress. **This could be characterised by progress which:**
- Is significantly slower than that of their peers starting from the same baseline
- Fails to match or better the child or young person's previous rate of progress
- Fails to close the attainment gap between the child or young person and their peers
- Widens the attainment gap
- It can include progress in areas other than attainment – for instance where a child or young person needs to make additional progress with wider development or social needs in order to make a successful transition to adult life (COP, 2014: 6.18).

Quality First Teaching (QFT)

Assess what their particular needs are under the broad heading/s; Cognition and Learning; Social, Emotional and Mental Health; Communication and Interaction; Sensory and/or Physical
Plan Use the Bedford Borough **SEND Support and Provision Guidance 2019** and the guidance on the following pages to put into place Quality First Teaching strategies
Do Put these strategies into place for a minimum of 8-10 week. This is recorded on class provision maps and where appropriate a **One page pupil profile** will be used to ensure all staff use appropriate strategies.
Review Re-assess the progress the child has made, is the gap closing? Include views of parents and the child.

Targeted support

Assess Where progress continues to be less than expected the class teacher, working with the SENCO and parents, should assess whether the child or young person has SEN..
- **A child or young person has SEN if:** they have a learning difficulty or disability which calls for special educational provision to be made
- **A child of compulsory school age or a young person has a learning difficulty or disability if:** they have significantly greater difficulty in learning than the majority of others of the same age or has a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools
- SEN provision is that which goes beyond the differentiated approaches and learning arrangements normally provided as part of high quality personalised teaching. Children or young people with SEN require action that is additional to or different from the usual range of differentiated activities.

Plan If agreed that the child has SEN meet with parents (and child where appropriate) and the SENCO and, in collaboration, use the Bedford Borough **SEND Support and Provision Guidance 2019** to put into SEN 'Targeted Support' providing some additional or different actions to enable the child or young person to access independent learning and the curriculum. Create for the child an Individual Pupil Plan (IPP) outlining their targets (no more than 3) which relate to their area/s of need and the support that will enable them to meet these. Child in placed on the SEND register.
Do Put these strategies into place for a **minimum of 8-10 weeks**
Review Re-assess the progress the child has made, is the gap closing? Include views of SENCO, parents and the child.
- **If yes** is the IPP still required? If not child can be removed from SEN register. If plan still required continue with strategies with new or amended targets and continue Assess, Plan, Do, Review cycle within Targeted Support.
- **If no,** move on to **Personalised support**.

Sharnbrook Primary graduated Response to Special Educational Needs

Personalised support

Assess Where progress continues to be less than expected the class teacher, working with the SENCO and parents, should consult with specialists to support their own interventions with children and young people. Schools must seek parental consent before consulting any specialists.

Plan Use the advice from the specialists and Bedford Borough **SEND Support and Provision Guidance 2019** to put into place SEN 'Personalised Support' to build on the arrangements for SEN 'Targeted Support' to match provision to meet a child or young person's needs, this may include allocated adult support.

Do Put these strategies into place for a **minimum of 8-10 weeks**

Review Re-assess the progress the child has made, with SENCO, parents and any specialists involved, is the gap closing?
- **If yes**, continue with strategies with new or adjusted targets. Continue Assess, Plan, Do Review cycle.
- **If no** consider an **EHCP assessment**.

EHCP assessment

Assess If there is evidence that despite having taken relevant and purposeful action to identify, assess and meet the SEN of the child, they have still not made expected progress, the teacher, parents and SENCO should consider making a request for an EHCP assessment.

Plan Evidence should be gathered from school, home and specialists to support the assessment request. An EHCNAF form should be completed and submitted to the Local Authority. Meanwhile, personalised support should continue with new or amended targets.

Do Put these strategies into place for a **minimum of 8-10 weeks or until EHCNAF process is complete**

Review
- If EHCNAF **accepted** base new targets will form basis of EHCP plan.
- If **refused**, consider re-application with new evidence or re-assess the progress the child has made, with SENCO, parents and any specialists involved. Continue with or adapt strategies with new or adjusted targets. Continue Assess, Plan, Do Review cycle within personalised support.

The stages in the graduated response ensure that strategies are put in place to correctly assess a child's needs and are given time to support them. Not *all* children who work below age related expectation have SEN, but with focused Quality First Teaching will make progress at their own rate.

The Code of Practice recognises that '**children develop** and **learn** in **different** ways and at **different rates**.' and this must be taken into consideration.

Explanation of SEN categories

Cognition and Learning

Aspects of difficulty included in this area are (this is not an exhaustive list):

Attention deficit hyperactivity disorder (ADHD)

(pupils must have an official diagnosis)

Attention Deficit Hyperactivity Disorder is a complex condition can seriously affect a child's concentration, behaviour and learning. A child with ADHD may be easily distracted and have over heightened senses, be impulsive and find it hard to sit still. This impacts on their learning as they can find it very hard to concentrate for the periods of time needed to complete tasks. Consequently, the work that they produce may not necessarily reflect their true ability. Further information can be found at: www.addiss.co.uk

Moderate Learning Difficulty (MLD)

Pupils with MLDs will have attainments significantly below expected levels in most areas of the curriculum despite appropriate interventions and will generally be working within the 2nd centile. Their needs will not be able to be met by normal differentiation and the flexibilities of the National Curriculum. They should only be recorded as MLD if additional educational provision is being made to help them to access the curriculum. Pupils with MLDs have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have an associated speech and language delay, low self-esteem, low levels of concentration and under-developed social skills.

Profound and Multiple Learning Difficulty (PMLD)

(pupils must have an official diagnosis)

Pupils with profound and multiple learning difficulties have complex learning needs. In addition to very severe learning difficulties, pupils have other significant difficulties such as physical disabilities, sensory impairment or a severe medical condition. Pupils require a high level of adult support, both for their learning needs and also for their personal care. They are likely to need sensory stimulation and a curriculum broken down into very small steps. Some pupils communicate by gesture, eye pointing or symbols, others by very simple language. Their attainments are likely to remain in the early P-scale range (P1-P4) throughout their school careers (that is below expected year 1 levels).

Severe Learning Difficulty (SLD)

(pupils must have an official assessment from an educational psychologist to have this code)

Pupils with Severe Learning Difficulties (SLD) have significant intellectual or cognitive impairments will generally be working within the 1st centile. This has a major effect on their ability to participate in the school curriculum without support. They may also have difficulties in mobility and co-ordination, communication and perception and the acquisition of self-help skills. Pupils with severe learning difficulties will need support in all areas of the curriculum. They may also require teaching of self-help, independence and social skills. Some pupils may use sign and symbols but most will be able to hold simple conversations. Their attainments may be within the upper P scale range (P4-P8) for much of their school careers (that is below expected year 1 levels).

Specific Learning Difficulty (SpLD)

These are often where the child displays a significant delay in one or more areas of learning, even though their intelligence level may be average or above average. A child or young person with a Specific Learning Difficulty (SPLD) may have difficulty with one or more aspects of learning.

The affected areas of learning can be divided into two broad groups:
- Academic skills including arithmetic, spelling, reading, writing and comprehension/ expression of language.
- Other skills – organisation, social aptitude, coordination of movement, organisation, impulse control, persistence
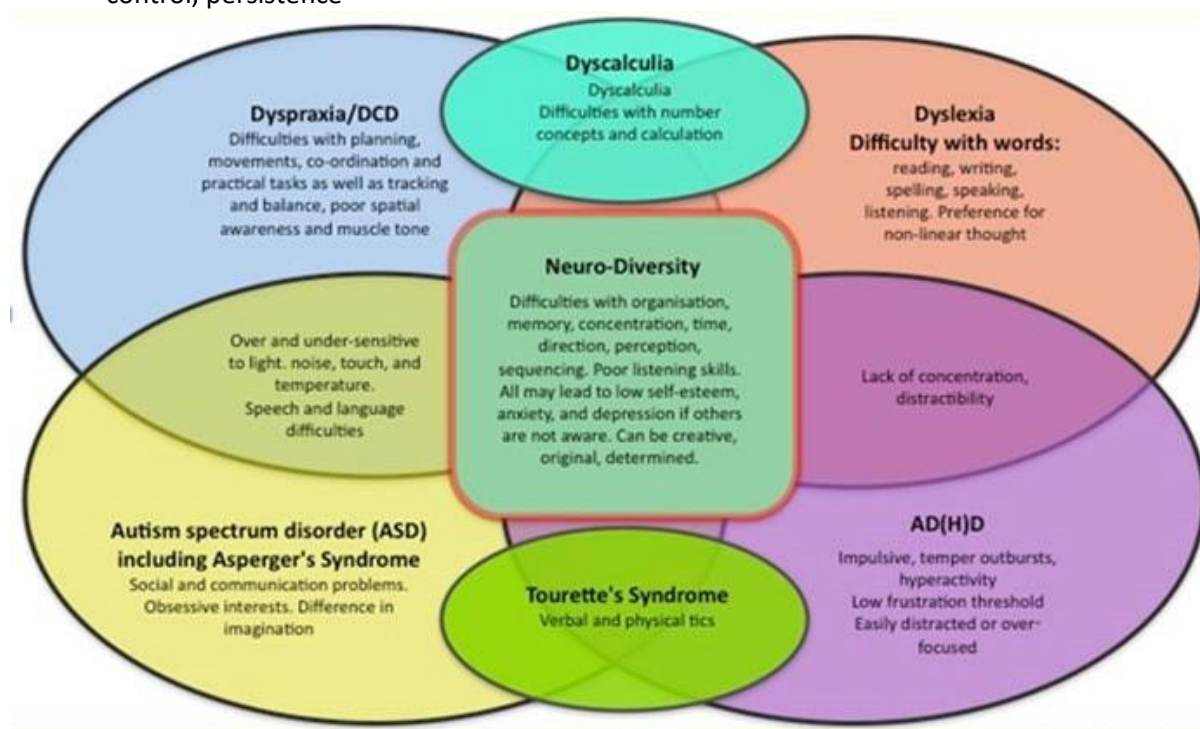
Some children may have undergone assessments and may have specific diagnoses:

Dyscalculia

Pupils with dyscalculia have difficulty in acquiring mathematical skills. Pupils may have difficulty understanding simple number concepts, lack an intuitive grasp of numbers and have problems learning number facts and procedures.

Further information can be found at: https://www.teachertoolkit.co.uk/2017/07/03/dyscalculia/

Dysgraphia

People with dysgraphia are affected by an extreme difficulty with fine motor skills and can have trouble organizing letters, numbers and words on a line or page. This can result partly from:

• Visual-spatial difficulties: trouble processing what the eye sees

• Language processing difficulty: trouble processing and making sense of what the ear hears.

Further information can be found at: https://www.understood.org/en/learning-thinking-differences/child-learning-disabilities/dysgraphia/understanding-dysgraphia

Dyslexia

Pupils with dyslexia have a marked and persistent difficulty in learning to read, write and spell, despite progress in other areas. Pupils may have poor reading comprehension, handwriting and punctuation. They may also have difficulties in concentration and organisation, and in remembering sequences of words. They may mispronounce common words or reverse letters and sounds in words.

Further information can be found at: http://www.bdadyslexia.org.uk

Dyspraxia

Pupils with dyspraxia are affected by an impairment or immaturity of the organisation of movement, often appearing clumsy. Gross and fine motor skills are hard to learn and difficult to retain and generalise. Pupils may have poor balance and coordination and may be hesitant in many actions (running, skipping, hopping, holding a pencil, doing jigsaws, etc). Their articulation may also be immature and their language late to develop. They may also have poor awareness of body position and poor social skills.

Further information can be found at: http://www.dyspraxiafoundation.org.uk

ADD/ADHD

ADHD is a chronic condition marked by persistent inattention, hyperactivity, and sometimes impulsivity. Symptoms of ADHD can differ from person to person, but there are three basic types of ADHD. Each one is identified by the symptoms of hyperactivity, impulsivity, and inattention. When the main difficulties are inattention, distraction, and disorganization, the type is usually called primarily inattentive. Children with ADHD often have trouble functioning at home and in school and can have difficulty making and keeping friends. If left untreated, ADHD may interfere with school and work, as well as with social and emotional development.

Poor working memory

Problems in working memory can lead to difficulties in learning because the individual may have less space in working memory for organising and integrating new skills or knowledge. This can affect the individual's ability to follow directions, organize thoughts for speaking and writing, and learn multi-step procedures or process information quickly. Teachers and parents may see gaps in skills and lack of self-confidence for learning new things. It is common for teachers and parents to assume the student is lazy or unmotivated. Meanwhile the student feels inadequate and incompetent in their ability to learn.

Poor long term memory

The second type of memory problem affects long-term memory. A long-term memory problem may affect what information is recalled, the time it takes an individual to recall information, or one's ability to remember things in the correct order or sequence. The individual may be disorganized, confused, or disoriented when presented with a series of directions or steps in learning new material. He/she may confuse the order of syllables in a word or phrase. It may be the case that the student knows what he/she wants to say but cannot organize the ideas, find the right word, or communicate their thoughts in a clear manner. This difficulty may affect speech as well as writing skills. An individual with this problem may experience significant frustration in class or at home because they have such difficulty communicating. They may have difficulty completing tasks that require more than two steps. Math computation and problem solving may be especially difficult because they may take a procedure out of order, make a simple calculation error, or write the wrong answer down despite knowing how to solve the problem.

Social, Emotional and Mental Emotional Health

Children with emotional difficulties include those who may be withdrawn or isolated, hyperactive and lack concentration; those with immature social skills and those presenting other difficulties arising from other complex needs.

Some children may have emotional needs and/or social problems that interfere with their own ability to learn effectively. In some instances, the difficulties they experience may cause disruption to the learning of other children or young people.

Social difficulties, in this context, occur when students have problems managing interactions with others in school effectively and appropriately. They may have difficulty making the necessary adjustments to conform to the expectations of others in a variety of settings. The process is known as socialisation. Either difficulty may impact substantially on the child's ability to learn.

Some of the aspects of difficulty included in this area are (this list is not exhaustive):

Adjustment Disorders

A child suffering from an Adjustment Disorder may have witnessed a stressful event or had a big change in their normal lifestyle. This could then have an adverse reaction on their emotional health and/or behaviour.

Anxiety Disorders

A child suffering from an Anxiety Disorder may be prone to frequent panic attacks. Here the child may complain of physical symptoms such as headaches or stomach aches. The child may also display inappropriate emotional responses, such as outbursts of laughter or crying out of context

Obsessive-Compulsive Disorder ('OCD')

A child suffering from EBD may also have an Obsessive Compulsive Disorder (OCD). Here the child can display recurrent and persistent obsessions or compulsions. Behaviours may include repetitive hand washing, praying, counting, and repeating words silently.

Communication and Interaction

Some of the aspects of difficulty included in this area are:

Autistic Spectrum Disorder (ASD)

(pupils must have an official diagnosis to have this code)

ASD is a relatively new term that recognises there are a number of sub-groups within the spectrum of autism. Pupils with ASD find it difficult to:

- understand and use non-verbal and verbal communication
- understand social behaviour, which affects their ability to interact with children and adults
- think and behave flexibly, which may be shown in restricted, obsessional or repetitive activities.
- Pupils with ASD cover the full range of ability and the severity of their impairment varies widely. Some pupils also have learning disabilities or other difficulties, making diagnosis difficult.

Pupils with Asperger's syndrome should be recorded in this category. These pupils share the same triad of impairments but have higher intellectual abilities and their language development is different from the majority of pupils with autism.

- Further information can be found at: http://www.autism.org.uk/about-autism
- Local organisations offering information, advice and support for children and young people with ASD and their families include: https://www.autismbedfordshire.net/

Speech, Language and Communication Needs (SLCN)

Children and young people may have a range of difficulties with speech and language, some of which may resolve as the student develops.

For some children, such difficulties may be confined to their production of speech. For others, it may be hard to find the right words or to join them together meaningfully in expressive language. They may have problems in communicating through speech and may find it hard to acquire language and express thoughts and ideas. They may experience difficulties or delays in understanding or responding to verbal cues from others, or in understanding and using appropriate language for social interaction.

The fact that a child or young person may understand and speak English as an additional language does not in itself constitute a speech and language difficulty. It is important to note, however, that different languages have different structures/phonologies (sound systems) which can sometimes cause initial short term difficulties.

Further information can be found at: www.afasic.org.uk

Sharnbrook Primary graduated Response to Special Educational Needs

Sensory and/or Physical

Some of the aspects of difficulty included in this area:

Hearing Impairment (HI)

Pupils with an HI range from those with a mild hearing loss to those who are profoundly deaf. They cover the whole ability range. For educational purposes, pupils are regarded as having an HI if they require hearing aids, adaptations to their environment and/or particular teaching strategies to access the concepts and language of the curriculum. A number of pupils with an HI also have an additional disability or learning difficulty. Hearing loss may be because of conductive or sensorineural problems and can be measured on a decibel scale. Four categories are generally used: mild, moderate, severe and profound. Some pupils with a significant loss communicate through sign instead of, or as well as, speech.

Visual Impairment (VI)

A visual impairment is generally defined as an eyesight problem that cannot be corrected by wearing glasses or contact lenses or by surgery. The terms partially sighted, low vision, legally blind, and totally blind are used in the educational context to describe students with visual impairments. They are defined as follows:

- "Partially sighted" indicates some type of visual problem has resulted in a need for special education;
- "Low vision" generally refers to a severe visual impairment, not necessarily limited to distance vision. Low vision applies to all individuals with sight who are unable to read the newspaper at a normal viewing distance, even with the aid of eyeglasses or contact lenses. They use a combination of vision and other senses to learn, although they may require adaptations in lighting or the size of print, and, sometimes, Braille;
- "Legally blind" indicates that a person has less than 20/20 vision in the better eye or a very limited field of vision (20 degrees at its widest point); and Totally blind students learn via Braille or other non-visual media.

Multi-Sensory Impairment (MSI)

Pupils with MSI have a combination of visual and hearing difficulties. They are sometimes referred to as deafblind but may have some residual sight and/or hearing. Many also have additional disabilities but their complex needs mean it may be difficult to ascertain their intellectual abilities. Pupils with MSI have much greater difficulty accessing the curriculum and the environment than those with a single sensory impairment. They have difficulties in perception, communication and in the acquisition of information. Incidental learning is limited. The combination can result in high anxiety and multi-sensory deprivation. Pupils need teaching approaches that make good use of their residual hearing and vision, together with their other senses. They may need alternative means of communication.

Physical Disability (PD)

There is a wide range of physical disabilities and pupils cover the whole ability range. Some pupils are able to access the curriculum and learn effectively without additional educational provision. They have a disability but do not have an SEND. For others, the impact on their education may be severe.

In the same way, a medical diagnosis does not necessarily mean a pupil has an SEND. It depends on the impact the condition has on their educational needs.

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There are a number of medical conditions associated with physical disability that can impact mobility. These include cerebral palsy, heart disease, spina bifida and hydrocephalus, and muscular dystrophy. Pupils with physical disabilities may also have sensory impairments, neurological problems or learning difficulties. Some pupils are mobile but have significant fine motor difficulties that require support. Others may need augmentative or alternative communication aids.

Medical Needs

A medical diagnosis or a disability does not necessarily imply a special educational need (SEND). It may not be necessary for the child or young person with any particular diagnosis or medical condition to have any additional form or educational provision at any phase of education. It is the child medical needs rather than a diagnosis that must be considered. Some children may not require school-based SEND provision but they have medical conditions that, if not properly managed, could hinder their access to education.

Children and young people with medical conditions will include those with Asthma, Diabetes, Arthritis, Epilepsy, severe allergies, Incontinence, Eczema, Cystic fibrosis Tracheotomy, Colostomy and Ileostomy.

In such cases, school staff will take into consideration the medical guidance available.

Children with ASD, ADHD, OCD, sensory or physical needs who do not require action that is additional to or different from the usual range of differentiated activities may be placed on the medical register, but will have a **One Page Profile** to inform staff of areas of need and effective strategies to support the child.

Inclusive Quality First Teaching

Quality First Teaching - Strategies for all learners

○ Classroom well organised and labelled

○ Subject specific vocabulary clearly displayed

○ Clear lesson structure with learning objectives presented orally and visually

○ Instructions given in small chunks with visual cues

○ Understanding checked by asking pupils to explain what they have to do

○ Understanding is demonstrated in a variety of ways

○ Five positive comments to one negative, do not use sarcasm

○ Praise is specific and named

○ Students are clear what is expected of them at all times

○ Visual timetable, using school images, displayed clearly and up to date

○ Change system for timetable taught explicitly and used

○ Language of now, next and then used

○ Quiet areas - safe working area away from sensory stresses

○ Clear strategies for independence e.g. 3 before me, dictionaries, thesauri and other resources etc. available

○ Visual for organisation – e.g. I will need, steps to success…

○ Use of Makaton signs and symbols

○ Provide clear timings for activities as appropriate (sand timers, visual timers, dot timers etc.)

Quality First Teaching Area of Need: Communication and Interaction

- ◯ 'Rules' of good listening modelled and regularly reinforced

- ◯ Student's name or agreed cue used to gain individual's attention – and before giving instructions

- ◯ Key words/vocabulary emphasized when speaking and displayed visually with picture cues

- ◯ Range of multi-sensory approaches used to support spoken language e.g. symbols, pictures, concrete apparatus, artefacts, role-play

- ◯ Instructions broken down into manageable chunks and given in the order they are to be done

- ◯ Delivery of information slowed down with time given to allow processing

- ◯ Students are given a demonstration of what is expected

- ◯ System of visual feedback in place to show if something has been understood

- ◯ Students are encouraged – and shown – how to seek clarification

- ◯ Prompt cards using a narrative framework (who, where, when, what happened etc.) used to support understanding of question words (Colourful semantics, Blanks levels)

- ◯ Talking buddies or similar used to encourage responses

- ◯ Classroom furniture and groupings consider whether pupils with speech & communication needs can see visual prompts and the teacher

- ◯ Where possible, access to a quiet, distraction free work station if needed

- ◯ 'Word walls' or similar to develop understanding of new vocabulary

- ◯ Appropriate use of visual timetables – personalised to the pupil

- ◯ Small group or 1:1 work to develop social skills (use social scale assessment)

Quality First Teaching Area of Need: Cognition and Learning

'Next steps' for learning derived from what the pupil can already do – referring back to earlier stages when necessary

- ○ Make sure you know the level of difficulty of *any* text you expect the pupil to read
- ○ Key words/vocabulary emphasized when speaking and displayed clearly
- ○ Pre-teaching of subject vocabulary
- ○ Instructions broken down into manageable chunks and given in sequence
- ○ Teach sequencing as a skill e.g. sequencing stories, re-ordering texts, timelines
- ○ Students encouraged to explain what they have to do to check understanding
- ○ Links to prior learning explicitly made – and linked to 'real life' experiences and concepts
- ○ Key learning points reviewed at appropriate times during and end of lesson
- ○ Alternative ways to demonstrate understanding e.g. diagrams, mind maps, use of voice recorders
- ○ Provide – and teach use of – range of writing frames to aid organisation
- ○ Mark writing for content – encourage pupils to highlight one or two words themselves that may be incorrect to be looked at later
- ○ Occasional opportunities to work with a scribe – perhaps in a small group to produce writing for 'publication' e.g. displayed on the wall, read to others
- ○ Use IT programs and apps. to reinforce and revise what has been taught
- ○ To support short term memory, have small whiteboards and pens available for notes, to try out spellings, record ideas etc.
- ○ Text presented clearly – uncluttered, use bullet points and clear font
- ○ Diagrams and pictures to add meaning alongside text
- ○ Don't ask pupil to read aloud in class unless you know they have pre-prepared and are comfortable with this
- ○ Additional time to complete tasks if necessary
- ○ Teach and model memory techniques
- ○ Use different coloured pens to support learning spellings, identifying different sections of text, one colour for each sentence etc.
- ○ Minimise copying from the board – provide copies for pupil if necessary
- ○ Teach pupil how to use planners, task lists etc.
- ○ Encourage and practice keyboard skills

Quality First Teaching - Area of Need: Social, Emotional and Mental Health

○ 'Catch' the pupil being good and emphasize positives in front of other pupils and staff (where appropriate)

○ Give the pupil a classroom responsibility to raise self-esteem

○ Give breaks between tasks and give legitimate 'moving around' activities

○ Provide lots of opportunities for a variety of learning e.g. practical activities, experiential learning, multi-sensory resources

○ Use interactive strategies

○ Make expectations for behaviour explicit by giving clear targets, explanations and modelling – don't assume that pupils should 'know' what to do

○ Where possible, create a quiet area both for working and as a 'quiet time' zone

○ Use a visual timer to measure and extend time on task – start small and praise, praise, praise

○ Teach pupils how to use post-it notes for questions and ideas rather than interruptions (when appropriate)

○ Legitimise movement by getting pupil to take a message, collect an item or have pens with variety of textures to aid sensory needs

○ Give a set time for written work and do not extend into breaks to 'catch up' – the pupil will need these breaks

○ Use pupil's name and give eye contact before giving instructions

○ Consider seating – pupil seated at the back may not be as tempted to turn around. Students who interact with other pupils may need to sit at the front with their back to the class

○ Communicate in a calm, clear manner

○ Keep instructions, routines and rules short, precise and positive

○ Communicate positive achievements – no matter how small – with home and encourage home to do the same. Could be in the form of text messages, 'good notes', postcards, merits, rewards

○ Ensure groupings provide positive role models

○ Transition from whole class work to independent or group work is taught, clearly signalled and actively managed

Quality First Teaching – Visual Difficulties

○ Give as many first hand 'real' multi-sensory experiences as possible

○ Ensure correct seating in relation to board, whiteboard, Smartboard taking into account levels of vision in each eye

○ Try out smartboard colours to try to find best contrast

○ Consider lighting – natural and artificial – which is most comfortable?

○ Avoid shiny surfaces which may reflect light and cause dazzle

○ Where copying is required, ensure appropriate print size photocopy is available. Minimise photocopying as this can simply blur text or images

○ Ensure range of writing materials is available so that pupil can choose most appropriate to maximize vision

○ Always uses verbal explanations when demonstrating to the class. Read out aloud as you write on the board

○ Address the pupil by name to get their attention

○ Avoid standing in front of windows – your face becomes difficult to see

○ Avoid the sharing of texts/monitors unless doing so is a priority for social reasons e.g. working together on a project.

Quality First Teaching – Hearing Difficulties

○ Careful seating that allows the pupil to see the teacher clearly and also see other speakers (back to the window is good)

○ Gain pupil's attention before important information is given

○ Keep background noise to a minimum

○ Slow down speech rate a little, but keep natural fluency

○ Do not limit use of rich and varied language – trying to stick to short words and limited vocabulary can limit natural speech patterns and full meaning

○ Allow more thinking and talking time

○ Model and teach careful listening along with signals when careful listening is required

○ Repeat contributions from other pupils – their voices may be softer and speech unclear

○ Occasionally check that oral information/instructions have been understood

○ Face the pupil when speaking and keep hands away from mouth

○ Key words on board to focus introduction and conclusion

○ Divide listening time into short (ish) chunks

○ Use visual symbols to support understanding

Quality First Teaching – Co-ordination and Physical Impairment

○ Consider organisation of classroom to allow free movement

○ Allow the pupil plenty of space to work – where space allows, could he/she be placed next to a 'free' desk?

○ Ensure that left and right handed pupils are not sitting next to each other with writing hands adjacent

○ Seating should allow pupil to rest both feet flat on the floor – check chair heights

○ Desk should be at elbow height – sloping desk provided if possible

○ Positioned so pupil is able to view the teacher directly without turning the body – close enough to see and hear instructions

○ Seated where there are minimal distractions e.g. away from windows and doors

○ Encourage oral presentations as an alternative to some written work

○ Lined paper with spaces sufficiently wide to accommodate pupil's handwriting

○ Ensure range of different pen/pencil grips is available

○ If copying from the board is absolutely necessary, use different colours for each line and leave a gap between lines

○ Equipment clearly labelled and kept in same place in class

○ Teach pupil how to use planner, diary, lists to organize themselves as appropriate

○ Allow additional time to complete tasks

○ Allow access to lap-tops/tablets etc. & teach key board skills