

Primary – Cognition and Learning

Band 0 Universal	<p><i>Needs are well met without any additional support</i></p> <ul style="list-style-type: none"> • The child is generally working within or marginally below age-related expectations. • Some difficulties with learning may include some misconceptions and/or taking longer to understand new concepts. • Difficulties may be specific to one aspect of learning.
Band 1 Universal Plus	<p><i>The child is working below the expected rate of attainment; up to 2 years behind national expectations, in some curriculum areas despite Quality First Teaching.</i></p> <ul style="list-style-type: none"> • Progress is limited in specific areas of learning and development. • The child has low level difficulties in the acquisition/use of reading, spelling, writing, handwriting and numeracy skills. • The child may be slower to use, retain and apply everyday concepts than age equivalent peers. • The child may experience some difficulties with the pace of curriculum delivery. • The child requires continuous use of multi-sensory activities to reinforce learning and provide meaningful experiences. • The child needs additional adult support in group activities to ensure participation.
Band 2 Targeted	<p><i>There is evidence of a widening gap, despite Quality First Teaching, between the child's performance and age-related expectations.</i></p> <ul style="list-style-type: none"> • Attainment is more than two years behind national expectations despite targeted differentiation. • The child may have low level difficulties that are specific to one aspect of learning, for example, written/ verbal communication, numbers, appreciating instruction, dyslexia/ dyscalculia/ dysgraphia. • The child has problems with memory, sequencing and reasoning skills. There are consistently evident problems with: <ul style="list-style-type: none"> · processing, organising and co-ordinating spoken or written language to aid cognition; · sequencing and organising the steps to complete tasks; · problem solving and developing concepts. • The child may also have difficulties with sequencing, visual and/or auditory perception, co-ordination, concentration or phonological awareness or short-term memory. • The child has problems with understanding ideas, concepts and experiences when information cannot be gained through first-hand sensory or physical experiences. • The child may have problems with fine and gross motor competencies which impair access to the curriculum. • Progress is slow and the child requires ongoing one-to-one or small group support to acquire skills in order to access the curriculum. • The child may be aware of their difficulties and lack confidence and have low self-esteem.

Cognition and Learning

<p>Band 3 Targeted Plus</p>	<p><i>Attainment is more than three years below age-related expectations despite differentiated learning opportunities and concentrated support.</i></p> <ul style="list-style-type: none"> • The child has moderate level but persistent difficulties in the acquisition and use of language and vocabulary, literacy and/or numeracy skills which affect progress in other areas of the curriculum. • The child has difficulties with concept development, logical thought and problem solving. • There is clear evidence of difficulties in tasks involving specific abilities such as sequencing, organisation, or phonological, working memory and processing skills. • The child has difficulties with short/long term memory. • The child may have very specific difficulties (dyslexia, dyscalculia, dyspraxia) significantly affecting literacy or numbers skills, spatial and perceptual skills and fine and/or gross motor skills which may occur alongside other identified needs and conditions, for example, speech and language, autism. • The child will have difficulties with written and oral communication. • The child has limited comprehension in some subject areas. • Progress is very limited, despite evidence of appropriate and sustained 1 to 1 support based on assessed needs and strengths. This impacts upon independent access to an appropriately differentiated curriculum. • The child has difficulties with the pace of delivery, understanding instructions and prioritising and organising work. • The child may be feeling and/or showing signs of frustration or have low self-esteem. • The child may also have difficulties with other areas for example, motor skills, general organisation skills, behaviour, social or emotional issues and multi-agency advice may be required. • The child's difficulties often exist alongside other identified needs and conditions, for example, speech and language, dyspraxia, autism. • The child may have poor learning habits and concentration difficulties, be poorly motivated and resistant to learning.
<p>Band 4 Specialist</p>	<p><i>The child will experience substantial, complex, persistent and enduring learning difficulties.</i></p> <ul style="list-style-type: none"> • Learning Difficulties or Global Developmental Delay Significant difficulties across all areas of the curriculum. • The child will be attaining at around half chronological age as indicated by assessment from EYFS Development Matters or assessment from relevant professional. • The gap between the child's performance and that of his/her peers is significantly wider than would normally be expected for children of his/her age. • The child has consistently evident problems in most areas of learning including: <ul style="list-style-type: none"> · memory, processing, organising and co-ordinating spoken language to aid cognition. · sequencing and organising the steps needed to complete simple tasks. · Problem solving. · Fine and gross motor competencies, which significantly impede access to the curriculum · Understanding experiences when information cannot be gained through first-hand sensory or physical experiences. • The child will have ongoing difficulties with independent curriculum access despite high levels of additional support tailored to the child's needs. • The child may have continuing emotional difficulties stemming from their learning difficulties. • The child may have long-term cognitive difficulties associated with moderate learning difficulties and/or global developmental delay. The child will need ongoing access to a developmentally appropriate curriculum. • The child can make small steps of progress within smaller or specialised groups with evidence-based interventions but needs constant to regular help in larger classes or activities.
<p>Band 5 Specialist Plus</p>	<p><i>The child has profound, complex and life-long multiple learning disabilities which affects every area of their development and functioning requiring lifelong support.</i></p> <p>Severe Learning Difficulties Very slow rate of progress despite a high level of specialist intervention.</p> <p>Profound and Multiple or Learning Difficulties Functioning at early developmental stages with a range of other disabilities, for example, medical conditions, sensory impairments.</p> <ul style="list-style-type: none"> • The child's ability to participate in an adapted school curriculum is facilitated through high levels of one-to-one adult support. • The child may have very limited or no understanding of formal language. • The child may have limited expressive communication but may be able to communicate basic needs using signs and gestures and/or some key words. • The child may have additional health needs requiring medical intervention. • Progress is in very small steps in-line with developmental age despite high levels of adult support.

Speech, Language and Communication Needs	
Band 0 Universal	<p><i>Needs are well met without any additional support</i></p> <ul style="list-style-type: none"> • The child has SLCN which can be managed well in a mainstream class with appropriate differentiation of tasks and modified teaching style, in line with Quality First Teaching. • The child may have immature speech sounds and may demonstrate limited understanding of non-verbal cues. • The child would not have direct involvement from a speech and language therapist (SALT). • Teaching staff would monitor language and literacy skills and be alert to: <ul style="list-style-type: none"> · aspects of speech development, · expressive language skills and, · understanding of language. • Impact on access to the curriculum and barriers to peer interaction should be identified early. • The child may demonstrate some social communication difficulties, for example, conversational skills and joining teams or groups. • Some children with SLCN may still fall within Universal as their language abilities are unaffected (splashy 's' sound). This may include children with motor difficulties affecting speech
Band 1 Universal Plus	<p><i>The child has some identified SLCN and the school will discuss the needs of the child with the link SALT and parents.</i></p> <ul style="list-style-type: none"> • Identified SLCN could include: <ul style="list-style-type: none"> · a still developing speech sound system; · difficulties understanding spoken or written language and following instructions; · poor vocabulary development; · listening and attention difficulties. • These difficulties may present in the context of weak attention skills, a weak working memory and difficulties with planning and organising in relation to problem solving. • The child may have difficulties with reading comprehension, understanding mathematical language and concepts, getting ideas for writing and using appropriate sentence structures. • The child with SLCN may be working below age-related expectations and may be developing coping strategies such as copying work/following peers for prompts. • There may be concerns regarding the development of social skills and peer relationships.
Band 2 Targeted	<p><i>The child has identified SLCN which require additional specific provision.</i></p> <ul style="list-style-type: none"> • The child is known/has been referred to the Speech and Language Therapy Service and may have targets set. (Individualised targets that require short periods of individual 1:1 adult support.) • The child has communication skills that require additional alternative communication strategies to allow them to access the (differentiated) curriculum. • The child has little or no expressive language. Immature speech sounds and patterns as identified by SALT. Difficulty with adult understanding children's spoken language as identified by Speech and Language Therapist (SALT). • The child may have insufficient language to tell an adult about a problem they encounter. • With the appropriate support in place, the child can access a differentiated mainstream curriculum and is making progress. • Continuing difficulties could include: <ul style="list-style-type: none"> · dysfluency and poor intelligibility, · weak phonological development, · vocabulary difficulties, · poor understanding. • Text-based comprehension and inferential skills may still be developing. • In expressive language, the child may have word finding difficulties following a disordered pattern and difficulties constructing a sentence. • The child may have difficulties using language to problem solve and may find it hard to ask for help and support. • These difficulties may present in the context of weak attention skills, a weak working memory and difficulties with planning and organising in relation to problem solving. • There may be on-going or emerging concerns with social interaction and peer relationships.

Speech, Language and Communication Needs

<p>Band 3 Targeted Plus</p>	<p><i>The child has significant SLCN which impacts on access to, and progress in, the curriculum, requiring long term involvement of educational and non-educational professionals.</i></p> <ul style="list-style-type: none"> • Targets provided by a Speech and Language Therapist will be embedded into daily practice. • The child has persistent and significant difficulties in comprehension and expression of language and possibly some complexity of need in relation to social communication. • Speech sound development may be following a typical pattern or delayed. • There is likely to be an impact on developing literacy skills, which will impede access to many curriculum areas without high levels of visual support, differentiation and reasonable adjustments. • The child may show evidence of weak executive functioning skills (attention, working memory, planning and organisation) in addition to their weak structural and functional language skills.
<p>Band 4 Specialist</p>	<p><i>The child will experience significant, complex, persistent and enduring difficulties with SLCN.</i></p> <ul style="list-style-type: none"> • The child presents with a range of difficulties and an accumulation of complex and layered needs, which could include mental health, relationships, behavioural, physical, medical, sensory, social communication and cognitive needs. • It is likely that the child will have additional learning needs and possible other co-existing needs. • These will be related to difficulties with many aspects of executive functioning such as attention, working memory, planning and organisation • The complexity of need is likely to be high. The child may make small steps of progress or 'plateau' for extended periods of time. • The child may show evidence of weak executive functioning skills (attention, working memory, planning and organisation) in addition to their weak structural and functional language skills. • Specialist support, with high levels of adaptation, will be required to facilitate access to the curriculum and ensure social inclusion. • Ongoing specialist input may be required from a Speech and Language Therapist.
<p>Band 5 Specialist Plus</p>	<p><i>The child has a severe language and/or speech delay/disorder and may be reliant on assistive and augmentative systems to enable them to make their needs and wishes known.</i></p> <ul style="list-style-type: none"> • Needs are likely to be long term. • The difficulties have a significant impact on access to the curriculum. The child's language skills are more affected than other areas of attainment. • If the child has a speech disorder, they may be an AAC (Alternative and Augmentative Communication) user. • The child will show evidence of weak executive functioning skills (attention, working memory, planning and organisation) in addition to their weak structural and functional language skills. • The child may have significant or moderate speech delay and show significant difficulties with social communication and weak auditory skills. • Ongoing specialist input is likely to be required from a Speech and Language Therapist unless speech and language is in line with the child's developmental age.

Communication (social) and Autism	
Universal Band 0	<p><i>Needs are well met without any additional support</i></p> <ul style="list-style-type: none"> • The child can interact appropriately with peers and takes part in social activities.
Universal Plus Band 1	<p><i>The child may have social communication difficulties which impact on the ability to engage in the classroom/learning activities.</i></p> <ul style="list-style-type: none"> • The child may find social situations confusing. • The child is interested in peers and wants to have friends but needs help with this. • The child may be unclear about appropriate responses and how to form relationships. • The child may lack understanding and knowledge of social behaviour. • The child can learn in the whole class and group situations. • The child may have literal use and interpretation of speech. • The child can work on the same tasks as peers with some additional support. • The child has communication difficulties which can lead to anxiety or distress. • The child may show signs of distress when faced with new people, places, events or when unsure what is going to happen. • The child may have difficulties recognizing and communicating emotions but, in some circumstances, can describe basic feelings and communicate needs. • The child may be developing understanding of their difficulty and can manage their levels of occasional mild anxiety and sensory needs (dependent upon age and cognitive ability). • The child can respond to planned strategies. • The child may have difficulties managing change and transitions. • The child may have rigid and inflexible thought patterns which interfere with engagement in learning. • The child may have routines and rituals that interfere with engagement and learning. They may struggle to be flexible and adapt to unexpected change. • The child may experience difficulties/unusual responses to sensory experiences, for example, can be easily distracted, upset by noise/touch/light. • The child may use language that provokes negative reactions.
Band 2 Targeted	<p><u>The child has limited functional and social communication skills which impacts on their ability to engage in the classroom/learning activities.</u></p> <ul style="list-style-type: none"> • There is limited development of conversational skills. • The child has difficulties managing and sustaining relationships with others. • The child tends to isolate themselves socially and prefers to follow their own interests. • The child has difficulties understanding social and physical risks and their own vulnerability. • The child may have rigid or obsessional behaviours which make it difficult to cope with unexpected changes and events. • The child may have difficulties expressing emotions which may lead to challenging behaviours. • Difficulties may present as manipulative behaviour (may relate to high anxiety and a need to control events). • The child experiences difficulties with sensory experiences. • The child may seek repetitive actions or routines.

Communication (social) and Autism

<p>Band 3</p> <p>Targeted Plus</p>	<p><i>The child has limited social communication and ability to manage emotions.</i></p> <ul style="list-style-type: none"> • The child has difficulties in understanding and using non-verbal communication, and in understanding social 'rules' (including how to maintain a conversation). • The child has regular high levels of distress and anxiety which may lead to challenging or withdrawn behaviour. • The child has rigid or obsessional behaviours that make it difficult to cope with unexpected changes and events. • The child's difficulties impact upon their ability to sustain learning. • Difficulties that present as manipulative behaviour that seeks to control the circumstances and challenge authority of staff. • The child finds it difficult to predict and process and this leads to demand avoidance and controlling behaviours that often challenge authority. • The child exhibits lack of awareness of personal and social safety of self and others for most of the time. • The child frequently seeks sensory input to satisfy basic needs which may cause risk to safety of self. • The child has very strong interests that can sometimes take precedence over instructions. • The child may have difficulty in switching tasks, maintaining attention in directed tasks, and in organising/ conceptualising future activity. • The child is unable to reflect on the consequences of their behaviours on others. • The child may have issues relating to health and personal care issues. • The child can show signs of distress when faced with new people, places, events or when unsure what is going to happen.
<p>Band 4</p> <p>Specialist</p>	<p><i>The child has severely limited social communication that prevents them from engaging with learning on a daily basis.</i></p> <ul style="list-style-type: none"> • The child is persistently anxious or frustrated, leading to frequent, and unpredictable, aggressive behaviours. • The child has difficulties that present as highly manipulative behaviour that undermine the organisation of the classroom and severely disrupts learning by seeking to control the environment and challenge the authority of staff. • Difficulties that present as manipulative behaviour that seeks to control the circumstances. • The child struggles to understand social interactions and interpret other people's behaviour, intentions and social cues and norms. • The child lacks the ability to manage conversations and social interactions needed to make and maintain friendships. • The child lacks awareness of personal safety, exhibits violent behaviour several times a day. • Rigid or obsessional behaviours make it difficult to cope with unexpected changes and events. • The child exhibits a lack of awareness of personal and social safety of self and other for most of the time. • Unable to reflect on the consequences of their behaviours on others. • High levels of anxiety are beginning to impact negatively on attendance.
<p>Band 5</p> <p>Specialist Plus</p>	<p><i>The child has profoundly limited functional social communication skills which lead to daily, persistently high levels of distress and anxiety. This impacts on all areas of learning and social activity including play and lunch times.</i></p> <ul style="list-style-type: none"> • The child has unpredictable, sudden outbursts of challenging behaviour that jeopardizes the health and safety of self and others. • The child has frequent, ritualistic and obsessional behaviours. • The child is unable to recognise personal, social, environmental and physical risks. • Ongoing specialist input will be required.

Social, Emotional and Mental Health

<p>Band 0</p>	<p><i>The child may have difficulty with listening and maintaining attention.</i></p>
<p>Universal</p>	<ul style="list-style-type: none"> • The child, when overwhelmed, may flit between activities and requires some short-term individual adult direction to participate and re-engage in activities. • The child may demonstrate a difficulty in coping when interacting with other children. For example, struggles to share, takes things from others, and takes control. • The child may not be able to engage in some learning tasks and demonstrates off-task behaviours. • The child may experience difficulties settling into school or following routines. • The child may have some difficulties separating from parent/carers. • The child if overwhelmed may struggle to respond to encouragement from familiar adults. • The child displays some difficulty with emotional regulation. • The child may become overwhelmed which can result in a perceived inability to accept adult direction/boundaries. • The child when overwhelmed may occasionally exhibit signs of frustration. • The child may struggle to recognise behaviours and feelings of others. • The child may occasionally withdraw and remain on the fringes of activities. • The child may occasionally demonstrate unregulated or unpredictable behaviours.
<p>Band 1</p>	<p><i>The child may have difficulties settling into school/setting despite adult support.</i></p>
<p>Universal Plus</p>	<ul style="list-style-type: none"> • The child may show emotional distress, which subsides with adult support. • The child when overwhelmed may demonstrate unpredictable or unexpected behaviour which may result in the need for adult support. • The child may demonstrate difficulties in sharing and turn-taking. • The child may require adult encouragement to remain engaged in play activities. • The child struggles to concentrate on adult-led activities. • The child may have ongoing coping difficulties despite differentiated learning opportunities and pastoral support. • The child may find it difficult to remain focussed despite structured and time limited tasks. • The child may find it difficult to organise themselves. • There may be concerns regarding the child's attendance. • The child may struggle to acknowledge or accept responsibility. • The child may find it hard to take risks with their learning. • The child may appear socially isolated or alone and risks developing low self-esteem and confidence. • The child may become overwhelmed and unable to communicate their feelings. • The child may demonstrate difficulties with interpersonal communication and/or relationships.

Social, Emotional and Mental Health

<p>Band 2</p> <p>Targeted</p>	<p><i>The child becomes overwhelmed often, requiring adult intervention and support.</i></p> <ul style="list-style-type: none"> • The child demonstrates ongoing separation difficulties. • There may be concerns regarding, social and emotional health, that require outside agency support. • The child when overwhelmed may withdraw or self-isolate. • The child demonstrates difficulties focussing and engaging in learning activities. • The child may have developed coping or masking strategies. • The child may refuse to go to school on a regular basis. • The child may regularly disengage with classroom/school environment. • The child may struggle to accept praise and encouragement. • The child needs adult support on a regular basis to enable participation in learning. • The child needs immediate responses from adults and struggles to understand delays when their needs are not immediately met. • The child finds participating difficult and this sometimes leads to refusal to participate in activities. • The child struggles to respond to appropriate boundaries when encouraged and supported by an adult. • The child finds negotiation and problem-solving frustrating leading to dysregulation. • The child is not consistently able to start and complete tasks independently. • The child struggles to self-regulate their emotions and has difficulty managing frustrations and demands. • The child may have developed coping strategies, including self-harm, running out of school, climbing at height on property/furniture. • The child when overwhelmed may respond using inappropriate/sexualised language. • The child may display unpredictable behaviours which affect relationships. • The child finds it difficult to repair damaged relationships. • The child needs an individualised programme to support engagement in learning. • The child may have had negative experiences that are having an impact on their ability to focus on learning and school.
<p>Band 3</p> <p>Targeted Plus</p>	<p><i>The child demonstrates distressed behaviours that disrupt learning and staff may find challenging.</i></p> <ul style="list-style-type: none"> • The child experiences daily significant and persistent difficulties with regulating emotions. • The child struggles to engage with tasks, which could be perceived as demand avoidance or uncooperative behaviour intermittently throughout the school day, for example, work avoidance/refusal, defiance. • The child demonstrates low levels of emotional resilience when faced with challenge or perceived criticism. • The child develops perceived harmful coping strategies for example, leaving classroom/school site on a regular basis. • The child demonstrates socially inappropriate or sexualised behaviour/comments. • There are increasing concerns around mental health, for example, irrational fears, high levels of anxiety, hyper-vigilance, low mood, self-harm. • The child's behaviours can create a barrier to learning for example, disengaging, destroying own or others' work, work avoidance, concentration very limited, impulsivity. • The child demonstrates significant social interaction difficulties with peers and adults for example, lack of empathy, victim or perpetrator of bullying. • The child may be unwilling to accept adult support. • The child is unable to manage unstructured times. • The child often challenges rules and shows persistent resistance to adult support or demands. • The child may demonstrate withdrawn or timid behaviours. • The child is at risk of fixed term exclusions, withdrawal from class or becoming socially vulnerable.

Social, Emotional and Mental Health

<p>Band 4</p> <p>Specialist</p>	<p><i>The child demonstrates highly distressed behaviours on a daily basis, including difficulties related to mental health, relationships, learning, sensory needs and communication.</i></p> <ul style="list-style-type: none"> • The child has difficulties regulating emotions and there is evidence of emotional distress and/or unpredictable outbursts. • The child finds it difficult to understand the consequences of choices. • The child demonstrates perceived harmful coping strategies for example, self-harm, running out of setting, self-isolation. • The child demonstrates socially inappropriate or sexualised behaviour. • The child demonstrates a lack of emotional resilience when faced with challenge or criticism, for example, flight/fright/freeze response. • The child demonstrates high levels of anxiety affecting daily functioning. • The child's behaviours create a significant barrier to learning, for example, destroying own and others' work/displays, needs relating to attention control, impulsivity. • The child experiences deteriorating/anti-social relationships with peers and adults, for example, lack of empathy, remorse or outbursts. • The child maybe the victim or perpetrator of bullying. • The child may become socially vulnerable and isolated and be at risk of permanent exclusion. • The child may have suffered acute trauma or abuse, rendering them vulnerable, requiring a high level of multi-agency involvement over a sustained period. • The child is unable to sustain play-based activities without significant, consistent adult attention and intervention. • The child requires intensive support to enable to engage with learning. • The child needs a safe designated area within the context of the setting which allows them to undertake individualised activities and make progress with their learning. • There is daily documented evidence of significant risk of distress, harm or actual harm to others or self. • There is frequent documented evidence of damage to property. • The child is involved in incidents where intense emotional distress and or impulsive behaviour can put themselves or others at risk. • The child requires a high level of intervention from adults including specialist support to address the child's social and emotional needs.
<p>Band 5</p> <p>Specialist Plus</p>	<p><i>The child's behaviour is unpredictable and at times dangerous, with intense episodes of emotional and/or challenging behaviour.</i></p> <ul style="list-style-type: none"> • Multi-agency involvement would be expected, including the involvement of health and social care professionals. • The child is extremely vulnerable and there may be safeguarding issues to consider due to acute levels of mental health concerns and increased risk-taking behaviours or 'sabotage' of situations/placements. • The child may demonstrate self-harm, eating disorders and/or suicidal thoughts. • The child is at risk of exclusion or becoming a non-attender. • The child may demonstrate distress which can be extreme and unpredictable. • The child exhibits hyper-vigilance and extreme behaviours that damage relationships with peers and adults, increasing the extent of social isolation. • The child appears withdrawn and does not attempt to form relationships with peers. • The child struggles to cope with small changes to routines, which often lead to significant distress.

Physical and Neurological Impairment

Band 0	<i>Needs are well met without any additional support</i>
Universal	<ul style="list-style-type: none">• The child has minor physical needs but can be independent with some minor adaptations to the environment.• The teacher has concerns based on observation of some minor physical difficulties for example, motor control problems, hand eye co-ordination, problems causing difficulties in throwing, catching in P.E.• The child may need additional time to process language and respond to instructions.• The child may have trouble sustaining attention due to neurological impairment.
Band 1	<i>The child may have physical difficulties that require some (specialist) developmentally appropriate equipment but little adult support.</i>
Universal Plus	<ul style="list-style-type: none">• Delay with fine/gross motor development may require input/programmes from health professionals.• The child may appear clumsy, poorly coordinated or lack strength, for example, dyspraxia (DCD) and evidence low muscle tone when completing physical tasks.• The child may independently use a mobility aid to manage their physical difficulties.• The child will need access to frequently used and easily available technology/ other tools to support recording of work or aid communication, including assistive and argumentative communication aids (AAC), for example, simple switches (BIGmack switch).• The child may need access to specific items of small equipment if medical conditions have resulted in minor motor impairments, for example, adapted scissors, rulers, pens, compass, anti-slip dycem mat, writing slope.• The child's mobility may be affected by fatigue.• The child's condition may influence tiredness and concentration levels which impact upon learning/listening.• Verbal communication may be limited for physical reasons, for example, motor impairment affecting the vocal cords, lower facial muscles.• The child may have a long-term, non-life limiting, medical condition that is either self-managed or supported/monitored by staff on a regular basis, including the administration of routine medication.• The child's visible disability may lead to low self-esteem, anxiety, depression and/or vulnerability to bullying. This may impact upon motivation and attitudes to learning at school.• The child may require adult assistance with practical aspects of the curriculum or self-help skills or personal care.• The child may have difficulties recalling information from previous lessons and following more than two-step instructions.

Physical and Neurological Impairment

Band 2

Targeted

- The child's medical condition may necessitate supervision or support for medication needs at specific times.
- Progress within the curriculum may be affected by the condition or medication.
- The child may participate in most/all activities but at a slower pace than peers or show signs of increasing fatigue during the school day.
- The child may have a lack of sensory feedback which leads to difficulties with daily sensory inputs, for example, difficulties with writing or drawing.
- Irregular sleeping pattern may impact on the child's ability to access learning.
- The child has fine and/or gross motor difficulties which impede access and resulting difficulty independently carrying out tasks that would be expected for the age.
- The child's physical condition may be variable from day to day. This impacts on their ability to record their work and attend to tasks. Overall participation may be reduced.
- The child will have a defined physical or medical condition that may be subject to regular medical/intervention.
- The child will have needs that may impact on their self-esteem, mental health and social relationships.
- The child will have moderate difficulties in aspects of environmental access, and use specialist equipment such as, manual wheelchair, access to handrails, specialist walkers, crutches.
- The child may require some adult assistance to move with safety around the environment.
- The child may exhibit fatigue, lack of concentration or motivation due to their condition that has a marked effect on progress.
- The child may need 'objects of reference' and cues to aid cognitive performance and understanding.
- The child may have difficulties following whole class teaching, sustaining attention, processing language and working with sequential steps.
- The child may show signs of frustration with tasks they can't do due to physical limitations (for example, children with hemiplegia and limited functional movement on one side of the body).
- The child may take longer to complete tasks and alternative test arrangements may be needed.

Physical and Neurological Impairment

Band 3

The child may have severe difficulties with the ability to function independently in the school environment and in their everyday life.

Targeted Plus

- The child has physical difficulties that require varied and extensive specialist equipment and regular support.
- The child may require daily therapy and medical intervention to crucially avoid pressure damage and maintain joint integrity.
- The child may require supervision and support to navigate an appropriately adapted school building and to access to the curriculum.
- The child requires a significant number of adaptations, adjustments, staff assistance and specialist equipment in order to access activities involving fine and gross motor skills.
- The child may be a dependent wheelchair (electric or manual) and/or walking aid user with a severe physical difficulty.
- The child may have very restricted movement and hoisting/position changes required regularly during the day. The child may need the use of physical aids, for example a standing frame or moulded seating.
- If not wheelchair dependent the child will have a severe physical difficulty.
- The child may be at the early stages of developing mobility despite age.
- The child may have mobility that is moderately impaired and experiences difficulties on stairs and with spatial orientation and whose movements are unsteady in crowded areas and on uneven ground.
- The child may have minimal fine motor skills and/or have restricted purposeful hand movement. The child needs access to alternative means of recording work, including a scribe, ICT, Dictaphone, voice activated speech VOCA (communication aid).
- The child has severe difficulties with the ability to function independently in the school environment and in their everyday life. There may be a considerable attainment gap between the child and peers.
- The child may require intimate self-care to be met by staff.
- The child may have a chronic condition, potential degenerative condition, newly acquired condition or has special educational needs in addition to physical difficulties.
- With appropriate interventions the child may be able to progress in classes but may need regular differentiated activities.
- The child's physical condition may be variable from day to day, depending on a number of factors, for example, weather and temperature, muscular pain, sleep, fatigue and/or medication.
- The child's physical condition may be variable from day to day due to associated medical conditions, for example seizures.
- The child's speech production may be affected by breath control or impaired for physical reasons and finds it difficult to make them self understood or finds it too tiring to repeat them self.
- The child's physical disability/medical needs could co-exist with other secondary learning needs but are still within the range for his/her year group.
- The child may have a range of learning difficulties which are directly related to neurological impairment and not poor attitudes to learning. These are likely to include; processing, working memory, attention.
- The child may feel frustrated and show signs of frustration, distress and work avoidance due to fear of failure.
- The child may mask feelings of anxiety and distress.
- There may be regression of previously acquired skills, for example, children with a deteriorating condition or childhood dementia.
- There may be underlying social and emotional difficulties due to feelings of being different and having a disability.
- The child will need adjustments to test/exam arrangements, including rest breaks as appropriate to condition.

Physical and Neurological Impairment

<p>Band 4</p> <p>Specialist</p>	<ul style="list-style-type: none"> • The child has profound long term progressive/regressive condition(s). • The child has limited ability to contribute to self-care therefore is highly reliant on adult support for moving, positioning, personal care including drinking/eating. • The child has a moderate to severe physical disability that creates substantial communication difficulties requiring specialist communication aids and assistive curriculum devices. • The child requires specialist teaching strategies, for example, Makaton signing and/or Picture Exchange Communication System (PECS), in order to make progress at school and staff need to be trained in these approaches. • The child requires constant monitoring and some complex medical interventions, without which their condition may seriously deteriorate. • The older child may have an awareness of the deteriorating nature of the condition and longer-term outlook which impacts upon mental health. • The child may have awareness of physical differences between themselves and peers and limitations in what they can access. • The child's diagnosis may include two or more complex needs, for example, epilepsy and Cerebral Palsy, which combine to produce additional learning barriers for the child. • The child has a severe physical disability resulting in full-time wheelchair user, access to a hoist and changing plinth, standing frame and other highly specialist equipment within the mainstream environment to access learning. • The child has moderate to severe fine motor difficulties which impacts upon independent recording and access to a range of practical resources. • The child will need a personalised and developmentally appropriate curriculum. • High levels of regular adult support (for example, from the teacher /teaching assistant) will be required for equal access. • The child may experience increased levels of stress and anxiety and be unable to inhibit behavioural responses due to neurological impairment (for example, acquired brain injury from removal of tumour(s), road traffic accident, and childhood stroke). • Physical and/or neurological impairment may result in increased absence due to medical appointments and procedures. • A reduced timetable with rest breaks may be needed but not reduced hours in school (unless specifically recommended as a short-term interim strategy following surgery).
<p>Band 5</p> <p>Specialist Plus</p>	<ul style="list-style-type: none"> • The child has severe difficulties with fine and gross motor movement. • The child is unable to independently manage transfers and personal care including toileting, eating and drinking, for example, cutting up food, wiping own nose. • The child is fully reliant on adults for support in moving, positioning, personal care. • The child may have some control for example, assistance with transfers by pressing the hoist controls, drive a powered wheelchair using feet or hands. • The child may have a physical disability that creates communication difficulties. • The child may have communication aids which are mostly self-managing or can be appreciated and understood by other children and staff familiar with the aids, for example eye gaze technology, eye pointing, signing and total communication. • The child may be able to complete simple fine motor tasks with additional time compared to peers, for example moving an object, swiping a touch screen for communication. • The child will be unable to do tasks that require hand dexterity and strength, for example, twist/turn objects. • The child may have a skill level that fluctuates significantly or deteriorates during the day, for example verbal speech becomes less coherent when tired. • The child's physical disability/medical needs could co-exist with other secondary needs which may require a developmentally appropriate curriculum. • The child may have profound and multiple learning difficulties (PMLD) and follow a multisensory curriculum. • The child may have a sudden loss of cognition due to acquired brain injury and/or stroke.

Hearing Impairment

<p>Band 0</p> <p>Universal</p>	<p><i>Needs are well met without any additional support</i></p> <ul style="list-style-type: none"> • A child who has a re-occurring conductive hearing loss with no hearing aids. • This hearing loss may be associated with middle ear infections, glue ear, temporary perforated eardrums. • Class teachers should be aware of the following: <ul style="list-style-type: none"> · The child may seem to lack concentration, · find it difficult to listen and attend to speech, particularly in background noise , · seem dependent on cues from others in the class before engaging in an activity, · not hear clearly in a group situation, · give the impression of being able to listen when s/he wants to, · have a vocabulary deficit or delayed language, · be experiencing difficulties acquiring phonics and early reading skills.
<p>Band 1</p> <p>Universal Plus</p>	<p><i>A child who has an audiological diagnosis of permanent:</i></p> <ul style="list-style-type: none"> · <i>conductive hearing loss.</i> · <i>mild sensory-neural hearing loss</i> · <i>unilateral hearing loss.</i> <ul style="list-style-type: none"> • They may be prescribed hearing aids by an audiologist. • The child is generally making expected progress in all areas of the curriculum. • Class teachers should be aware of the following: <ul style="list-style-type: none"> · The child may seem to lack concentration, · find it difficult to listen and attend to speech, particularly in background noise, · seem dependent on cues from others in the class before engaging in an activity, · not hear clearly in a group situation, · give the impression of being able to listen when s/he wants to, · have a vocabulary deficit or delayed language, · be experiencing difficulties acquiring phonics and early reading skills.
<p>Band 2</p> <p>Targeted</p>	<p><i>A child who has an audiological diagnosis of permanent:</i></p> <ul style="list-style-type: none"> · <i>conductive hearing loss.</i> · <i>mild sensory-neural hearing loss</i> · <i>unilateral hearing loss</i> · <i>unilateral auditory neuropathy</i> · <i>moderate to profound bilateral sensory-neural hearing loss.</i> <ul style="list-style-type: none"> • They will be prescribed with hearing aids or wear auditory implants (called BAHAs or cochlear implants). • The child is not making expected progress in some areas of the curriculum as a result of their deafness. • The child has some delay in listening, language and communication which affects their ability to gain full access to the curriculum • The child may be affected by issues of 'being different' which can impact on their social and emotional wellbeing and self-esteem. • Other needs may become apparent as the child develops which cannot be attributed to the hearing loss/deafness, for example, autism and/or learning difficulties.

Hearing Impairment

<p>Band 3</p> <p>Targeted Plus</p>	<p><i>A child who has an audiological diagnosis of permanent:</i></p> <ul style="list-style-type: none"> · moderate to profound bilateral sensory-neural hearing loss · bilateral auditory neuropathy. <ul style="list-style-type: none"> • The child will be prescribed with hearing aids or wear auditory implants (called BAHAs or cochlear implants) from one year old. • The child will need to follow an intensive listening and language programme with an adult on a daily basis, in a quiet environment, to develop speech and language. • They are not making expected progress in some areas of the curriculum as a result of their deafness. • The child cannot access speech through hearing. • The child has a delay in listening, language and communication which affects their ability to gain full access to the curriculum. • The child's deafness causes language delay and impacts on his/her ability to access the curriculum requiring some one-to one adult support. The child needs intensive additional pre and post teaching of language and vocabulary for access to the curriculum. • The child may be affected by the complexity of other needs. • The child may have issues of 'being different' which may have an impact on his/her social and emotional wellbeing and will need to have opportunities to develop their deaf identity with an adult on a weekly basis.
<p>Band 4</p> <p>Specialist</p>	<p><i>A child who has an audiological diagnosis of permanent:</i></p> <ul style="list-style-type: none"> · moderate to profound bilateral sensory-neural hearing loss. <ul style="list-style-type: none"> • They will be prescribed with hearing aids or wear auditory implants (called BAHAs or cochlear implants) • The child may need to follow an intensive listening and language programme with an adult on a daily basis, in a quiet environment, to develop speech and language. • The child may be profoundly deaf and hearing aids do not give access to sound. Baby needs access to sign language to communicate and learn about the world around them. • The child may have Deaf parents and will have British Sign Language (BSL) as their home language. (Parental preference may be for access to Total Communication within a specialist setting where other children use signing and speech.) • The child will develop spoken English to become bilingual, allowing full access to the curriculum. The child may need access to a BSL support worker whilst developing spoken English. • They are not making expected progress in some curriculum areas as a result of their deafness. • The child's deafness causes significant language delay and impacts on his/her ability to access their environment requiring one to one adult support to access learning in a setting. • The child may be a BSL first language user or have a home language other than English. Hearing loss may co- exist with other secondary needs, for example, autism, medical, SEMH. • The mainstream or specialist classroom must meet building bulletin 93 (BB93) regulations for children with hearing needs. The child will need to access some learning within a small group within an acoustically treated room. • The child's SALT will be involved. • The curriculum will be delivered by a Teacher of Deaf (ToD) for some or all of the day. The child will need to have deaf role models to develop deaf identify. • The child will need to have opportunities to develop their deaf identity with an adult on a weekly basis and daily contact with other deaf children.
<p>Band 5</p> <p>Specialist Plus</p>	<p><i>Child typically accesses specialised provision to meet hearing needs but requires additional adult support to access the curriculum due to complexity.</i></p> <ul style="list-style-type: none"> • Parental preference for a mainstream school must be considered.

Vision Impairment (VI)	
<p>Band 0</p> <p>Universal</p>	<p><i>Needs are well met without any additional support</i></p> <ul style="list-style-type: none"> • The child has typical vision. Needs are well met without any additional support. • The child has a refractive error which can be fully corrected by wearing glasses, for example, short/long sightedness, astigmatism. • The child's needs are managed well in a mainstream class with appropriate differentiation of task and teaching style.
<p>Band 1</p> <p>Universal Plus</p>	<p><i>The child has a diagnosed vision impairment (mild).</i></p> <ul style="list-style-type: none"> • The child may have delayed vision development (tracking, scanning, fixing, vision perception). • The child may have minor delays in vision-motor integration. • The child may have difficulties with perceiving depth, distance and speed. • Due to vision impairment, the child may have some areas of development requiring additional support. • The child may struggle to navigate in busy and unfamiliar environments. • The child may need support to develop friendships and understand social situations. • The child may suffer from vision fatigue. • The child may have a head posture and tilt.
<p>Band 2</p> <p>Targeted</p>	<p><i>The child has a diagnosed vision impairment (moderate).</i></p> <ul style="list-style-type: none"> • The child has a recognizable ophthalmic condition which has the potential to affect the learning process • The child may require an Environmental Audit and/or appropriate familiarisation. • The child has identified needs which require additional specific provision, or specialist advice. • The child's vision impairment impacts on their ability to access the curriculum, including practical subjects independently. • Curriculum access is not possible without significant modification and/or adaptations of curriculum materials. • The child will be unable to read standard size, age appropriate print from an acceptable distance. They are likely to require modified resources including enlarged print, removal of visual clutter, clarity and contrast. • The child is likely to have reduced visual field and depth perception. • The child may experience visual processing difficulties due to Cerebral Vision Impairment (CVI). • There may be some deterioration in certain areas of academic performance, for example, deteriorating handwriting, slowness in copying from the board, increasingly asking for written instructions to be given verbally. • The child will require access arrangements for statutory tests/checks.
<p>Band 3</p> <p>Targeted Plus</p>	<p><i>The child has a diagnosed vision impairment (severe) and maybe registered as sight impaired.</i></p> <ul style="list-style-type: none"> • The child may have learning difficulties in addition to vision impairment. • The child may have a progressive vision impairment where functional vision is expected to deteriorate to registered sight impaired level. • The child will only be able to access the curriculum with substantial adaptations of all learning materials and extensive adaptation of resources, and curriculum. The child requires specialist adult support to enable access to navigate the environment. • The child has considerable needs which present barriers to progress, requiring long term involvement of educational and non-educational professionals. • The child will need training in specialist skills to enable access to the curriculum and beyond (expanded core curriculum, including independent living skills). • The child requires planned interventions and support to manage personal access equipment, specialist teaching of life skills to access age appropriate activities independently, for example, money management, shopping and personal hygiene. • The child will require access arrangements for statutory tests/checks.

Vision Impairment (VI)

Band 4 Specialist	<p><i>The child has a diagnosed vision impairment (profound).</i></p> <ul style="list-style-type: none">• The child may be registered as severely sight impaired (blind).• The child is unable to access the curriculum without substantial modification of all learning materials into tactile/audio formats (Braille), alongside use of specialist equipment.• The child will receive support from a specialist in vision impairment.• The child will only be able to access the environment with a high level of specialist support, for example use of a long-cane.• The child may have a reduced timetable but not reduced hours in school.• The child will require additional support to facilitate social interactions.• The child will require support to consolidate learning due to lack of incidental learning.• The child may require additional support/mentoring from a specialist in vision impairment with regards the impact of sight-loss (including deteriorating vision).• The child will require short/long-term episodes of an Independent Living Skills programme planned and delivered by a Habilitation Specialist.• The child will require a package of support to address transition.• The child will require access arrangements for statutory tests/checks.
Band 5 Specialist Plus	<p><i>The child has a diagnosed vision impairment (profound).</i></p> <ul style="list-style-type: none">• The child may be registered as severely sight impaired (blind).• The child experiences complex and frequent barriers associated with vision impairment, which can significantly impact upon their learning and development.• The child's primary mode of access is through tactile (Braille) and/or other non-sighted means (audio). Their vision impairment will have a greater impact on social interaction and may require the support of adults to scaffold/enable this.• The child will only be able to access the curriculum with substantial modification of all learning materials into tactile/audio formats (Braille), alongside use of specialist equipment.• The child will only be able to access the environment and move around the school with a high-level of support.• The child may have a reduced timetable but not reduced hours in school.• The child will require additional support to facilitate social interactions.• The child will require support to consolidate learning due to lack of incidental learning.• The child may require additional support/mentoring from VI Specialist with regards the impact of sight-loss (including deteriorating vision).• The child may require short/long-term episodes of an Independent Living Skills programme planned and reviewed in conjunction with a Habilitation Specialist.• The child will require a package of support to address transition.• The child will require access arrangements for statutory tests/checks.• May have a diagnosis of Cerebral Vision Impairment that affects both cognitive and visual functioning

Multi-Sensory Impairment

Bands 0 - 3	Children and Young People who are deafblind have high levels of need outlined in the Level 4 and 5 descriptors.
Band 4 Specialist	<p><i>A child whose deaf blindness has a severe impact upon all areas of development. They will have vision and hearing loss the combination of which severely affects their access to information, communication and development of mobility.</i></p> <ul style="list-style-type: none">• The child has a combined impairment of vision and hearing. The child may have additional difficulties or a range of difficulties but function as if they have significant sensory impairment/s.• The child may have acquired deaf blindness resulting from illness or accident.• The child will probably have some remaining sight and/or hearing but is limited in how these can be used.• The child may have a medical diagnosis of CHARGE or Usher syndrome.• Their impairments have an impact on their access to the curriculum and on their ability to be fully involved in learning and social activities.• Impacts of deaf blindness will include difficulty with access to the curriculum without significant adaptation and support, delay and difficulty in establishing mobility skills, and delay in development of communication skills.• They may not be able to see and learn from what others do/say around them, take part in group work, or communicate using the same methods as other children. There will be a secondary impact on the development of cognitive skills, motor skills, social and emotional relationships and management which may include unusual behaviour, anxiety and fatigue• The child may have a range of other needs including physical, medical and cognitive difficulties, or social and emotional needs. Some of these may be primary and some of these may be caused by the impairments of deaf blindness. They may have an autism spectrum disorder but the effects of deaf blindness (difficulty in eye contact, difficulty in communication, requiring routines and more) can be confused with the effects of ASD.• Specialist support will usually be provided by a Qualified Teacher of the deafblind (QTMSI) with support from a Qualified Teacher of vision impairment (QTVI) and/or a Qualified Teacher of the deaf (QToD) in some cases.• They may have an audiological diagnosis of mild, moderate or severe sensori-neural hearing loss or persistent/permanent conductive loss in combination with vision impairment. They may have prescribed hearing instruments (hearing aids, BAHA, cochlear implants).• The child may be profoundly deaf and hearing aids do not give access to sound.• The child has a diagnosed vision impairment (mild to profound) in combination with hearing impairment.• The child may be registered as severely sight impaired (blind).• Combined vision and hearing impairment will impact on all areas of development.• The child experiences complex and frequent barriers associated with the combination of vision and hearing impairment, which can significantly impact upon their learning and development.• The child will probably require support to develop and refine communication skills, which may include alternative means such as signs and symbols, and alternatives for literacy, such as large print, braille or audio, depending on remaining senses.

Multi-Sensory Impairment

<p>Band 4</p> <p>Specialist</p> <p>cont</p>	<ul style="list-style-type: none"> • The child may need to follow an intensive listening and/or language programme with an adult on a daily basis, in a quiet environment, to develop speech and language. Their combined impairment will have a greater impact on social interaction and may require the support of adults to scaffold/ enable this. • The child will need support to develop and maintain mobility skills, and to navigate in both Skills programme familiar and unfamiliar environments. • The child may require short/long-term episodes of an Independent Living planned and reviewed in conjunction with a Habilitation Specialist. • The child will access the curriculum with modification and adaptation related to their sensory and other needs, which may include use of vision/hearing technology, tactile access, with pre/post learning and support and may require more limited assessment/requirements. The child may have a reduced timetable but not reduced hours in school. • The young person may require additional time to complete activities and may require rest breaks <p><u>Intervenors</u></p> <ul style="list-style-type: none"> • Some children will require the support of staff specially trained to work one to one with deafblind children (intervenors). • The child will require access arrangements for statutory tests/checks. <p>The child will require a package of support to address transition.</p>
<p>Band 5</p> <p>Specialist</p> <p>Plus</p>	<p><i>The child has combination of severe visual and hearing impairments. They have no sight, no hearing or both, or plus limited remaining sight and/or hearing.</i></p> <ul style="list-style-type: none"> • The combination of sensory impairments has a profound impact on development or learning • The child may have a progressive condition, involving vision, hearing, or both, or a range of functions. Learning may need regular adaptation to meet current needs. • The child may have awareness of changes in their function in relation to this progression and demonstrate anxiety and have mental health needs • Specialist support will be provided by a Qualified Teacher of Multi-sensory impairment (QTMSI). Additional support may be provided by a qualified teacher of vision impairment (QTVI), and/or Teacher of the Deaf (ToD). • The child may have a medical diagnosis of CHARGE or Usher syndrome <p><u>Intervenors</u></p> <p>Some children will require the support of staff specially trained to work one to one with deafblind children (intervenors).</p>