



Cognition and Learning

Range 1	<ul style="list-style-type: none"> ✓ Below expectations (may be well below). ✓ Difficulty with language acquisition/use of language, literacy, numeracy skills. ✓ Difficulty with pace of delivery. ✓ Problems with concept development.
Range 2	<ul style="list-style-type: none"> ✓ Persistent difficulties with acquisition of/use of language, literacy, numeracy skills. ✓ Well below expected outcomes with little or no closing of the gap despite differentiation and intervention. ✓ Evidence of cognition difficulties, i.e. memory, concept development, sequencing and reasoning. ✓ Processing difficulties. ✓ Mild but persistent difficulties in aspects of literacy, numeracy or co-ordination despite intervention and differentiated teaching. ✓ May have difficulties with organisation and independence in comparison to peers. ✓ Possibly other needs that impact on learning. ✓ Self-esteem and motivation may be an issue.
Range 3	<ul style="list-style-type: none"> ✓ Moderate but persistent difficulties with acquisition of/ use of language, literacy, numeracy skills and appear resistant to previous interventions. ✓ Increasing evidence of an increasing gap between them and peers despite targeted intervention, differentiation and modified curriculum. ✓ Moderate difficulties with independent working and needs support of an adult and modified curriculum. ✓ Assessment by an Educational psychologist indicates significant and enduring difficulties with several aspects of cognition, e.g. memory, concept development, processing, sequencing and reasoning that impact on learning or limit access to the curriculum. ✓ May require assistive technology or communication supports. ✓ Difficulties with learning impacts on self-esteem, motivation and emotional wellbeing despite positive support and personalised learning plan.
Range 4	<ul style="list-style-type: none"> ✓ Significant and persistent difficulties with acquisition of/use of language, literacy, numeracy skills and appear resistant to previous interventions. ✓ Key language literacy/numeracy skills are well below functional levels for their year group – cannot access text or record independently. ✓ Significant, long term or life-long difficulties in cognitive processing requiring alteration to the pace and delivery of the curriculum. ✓ The condition is pervasive and debilitating requiring high levels of support including assistive technology. ✓ Social skills and behaviour may be affected. The pupil may appear socially immature and vulnerable because of limited social awareness. ✓ The level of adjustment is so and specialist teaching is greater than normally provided in a mainstream setting.



Cognition and Learning

	Assessment and planning	Groupings	Curriculum/teaching methods	Support/intervention/HR
Range 1	Whole school/class differentiated planning/ assessment. Additional assessment where appropriate (Dyslexia, dyscalculia). Access to reading groups, phonics, etc. Monitor effectiveness of interventions.	Mainstream class with flexible arrangements. Access to small group work. Access to interventions based on area of need. Access to generic 'catch-up' programmes.	Full inclusion to curriculum, Quality First Teaching. Differentiation. Simplify level/ pace/teacher talk. Basic skill reinforcement, revision, transference and generalisation. Plugging gaps in learning. Formal teaching of vocab and concepts. Multi-sensory.	Class teacher with advice from SENCO. Light touch classroom support. Time limited intervention programmes. Specific targets – outcomes closely monitored. Strategies to encourage cognitive engagement and transference of skills e.g. Problem solving, thinking skills. Assess, plan, do review. Parental engagement.
Range 2	Screening tools to establish profile of strengths and weaknesses – will inform intervention and adjustment for curriculum access and exams. Planning show clear differentiation (including planning for support). Regular review by SENCO.	Arrangements for 1:1 to support the acquisition of literacy, numeracy, handwriting and motor skills. Ensure access to groupings that reflect cognitive ability.	Differentiated curriculum with modifications that include alternative methods to record and access text e.g. ICT aids.	Sustained, targeted support (1:1 and group) under direction of teacher. Time limited withdrawal with clear focus and entry and exit criteria. 1:1 programmes where appropriate (e.g. 3 x 30 mins weekly).
Range 3	SENCO takes advice from external specialists (e.g. Ed Psych as appropriate. Evidence gathered for possible EHCP. Individual SMART targets.	Daily opportunities for 1:1 support with specific targets. Flexible grouping (e.g. positive peer models).	Increasingly individualised and modified curriculum individualised level of pace, teacher talk etc. Small, targeted steps within group and 1:1. Alternative recording as appropriate.	Support to class teacher from SENCO, and outside professionals as appropriate. Under teacher supervision -sustained, targeted support. Consistent, structured environment. Access to trained adult support to deliver interventions, e.g. Elklan activities.
Range 4	Adapted or additional assessments (e.g. PIVATs) to enable measuring of small steps of progress. Provision and support will be driven by EHCP.	Predominantly working on modified curriculum tasks. Daily opportunities for 1:1 support for specific targets.	Visual clues to support auditory information. Teaching and activities adapted to reduce impact of processing difficulties. Small steps. Personalised tasks. Access arrangements embedded.	May be part of modified class curriculum. Pupil included wherever possible. Simplified language with instructions chunked. Access to daily programme for literacy of numeracy. Access to assistive technology.



Communication and Interaction – Speech and Language

Range 1	<ul style="list-style-type: none"> ✓ Will mildly affect curriculum access and social development. ✓ Speech is understood but has some immaturities, which may impact on social interaction and may impact on the acquisition of literacy. ✓ Listening and attention issues that affect engagement and independent learning. ✓ Difficulties in understanding the main points of discussion, information, explanations. ✓ Support with listening and responding. ✓ Difficulties in the understanding of language for learning (conceptual language; size, time, shape, position). ✓ Reduced vocabulary range, both expressive and receptive. ✓ May rely on simple phrases with everyday vocabulary. ✓ Social interaction limited impacting on making and maintaining friendships. ✓ Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement. ✓ Difficulty in talking fluently e.g. repeated sounds, words or phrases.
Range 2	<ul style="list-style-type: none"> ✓ Persistent difficulties with acquisition of/ use of language, literacy, numeracy skills. ✓ Well below expected outcomes with little or no closing of the gap despite differentiation and intervention. ✓ Evidence of cognition difficulties, i.e. memory, concept development, sequencing and reasoning. ✓ Processing difficulties. ✓ Mild but persistent difficulties in aspects of literacy, numeracy or co-ordination despite intervention and differentiated teaching. ✓ May have difficulties with organisation and independence in comparison to peers. ✓ Possibly other needs that impact on learning. ✓ Self-esteem and motivation may be an issue.
Range 3	<ul style="list-style-type: none"> ✓ Moderate but persistent difficulties with acquisition of/ use of language, literacy, numeracy skills and appear resistant to previous interventions. ✓ Increasing evidence of an increasing gap between them and peers despite targeted intervention, differentiation and modified curriculum. ✓ Moderate difficulties with independent working and needs support of an adult and modified curriculum. ✓ Assessment by an Educational psychologist indicates significant and enduring difficulties with several aspects of cognition, e.g. memory, concept development, processing, sequencing and reasoning that impact on learning or limit access to the curriculum. ✓ May require assistive technology or communication supports. ✓ Difficulties with learning impacts on self-esteem, motivation and emotional wellbeing despite positive support and personalised learning plan.
Range 4	<ul style="list-style-type: none"> ✓ Significant and persistent difficulties with acquisition of/ use of language, literacy, numeracy skills and appear resistant to previous interventions. ✓ Key language literacy/ numeracy skills are well below functional levels for their year group – cannot access text or record independently. ✓ Significant, long term or life-long difficulties in cognitive processing requiring alteration to the pace and delivery of the curriculum. ✓ The condition is pervasive and debilitating requiring high levels of support including assistive technology. ✓ Social skills and behaviour may be affected. The pupil may appear socially immature and vulnerable because of limited social awareness. ✓ The level of adjustment is so and specialist teaching is greater than normally provided in a mainstream setting.



Communication and Interaction – Speech and Language

	Assessment and planning	Groupings	Curriculum/teaching methods	Support/intervention/HR
Range 1	Identify evidence/profiling that language is delayed. Part of whole class planning/assessment. SENCO could be involved with observations etc. Consider need for professional help.	Mainstream classroom – consider position in class for acoustics. Flexible groupings for positive peer speech language and models and access to curriculum. Opportunities for small group activities focussing on language and communication.	Literacy tasks may require some modification. Instructions supported by visual, written cue. Flexible recording. Opportunities to understand language across the curriculum and for small group work based on need. Family support of targets. Student involved in target setting process.	Class teacher with support from SENCO. Other adults may be used for small group support. Teacher talk, modelling and scaffolding. Use of appropriate interventions available to the school, e.g. ICT based tools. Adults provide pre and post tuition to secure key vocabulary at the start of topics.
Range 2	Identify evidence that language is delayed. Actively monitor behaviour as an indicator of SLCN as the primary area of need. Use of ICT based and other tools to support assessment. School to consider whether other professional help is required.	Mainstream classroom with attention to position and acoustics. Flexible groupings for positive peer speech and language models. Small group/individual work to target specific needs.	Literacy tasks may require some modification. Instructions supported by visual, written cues. Flexible recording. Opportunities to understand language across the curriculum and for small group work based on need. Family support of targets. Student involved in target setting process.	Adults to support flexible groupings. Adults actively modify teacher talk and responses. Opportunities for listening and supporting longer sequences of information. Planned opportunities to collaborate with peers. Staff working with student should have direct knowledge and training in good practice in working with SLCN students.
Range 3	As above plus providing evidence for referral to specialist teacher for assessment and advice. Planning identifies inclusion of and provision for individual targets.	As above plus groups to reflect ability with modifications made to ensure curriculum access. Regular focussed, time limited small group/ individual interventions.	Tasks personalised/modified to the needs of students. Frequent opportunities for time limited small group and individual work. Consideration to transference of skills.	As above plus additional adult support informed by differentiated provision planned by the teacher. Could include advice from SLT. Opportunities for 1:1 intervention based on specific targets.
Range 4	Provide appropriately trained teacher/LSA to implement advice of SLT. Significant level of adult support to ensure curriculum access. Pastoral considerations to ensure emotional well-being.	As above.	As above plus Predominantly modified tasks in mainstream setting. Additional training of mainstream staff to support curriculum modifications.	As above plus Provide specialist support with recording and communication. Provide specific programmes to develop independent use of ICT, recording and communication.



Communication and Interaction - ASD

Range 1	<ul style="list-style-type: none"> ✓ May affect their access to some aspects of the National Curriculum, including the social emotional curriculum and school life with regard to: Communication and social interaction – difficulties in being part of class or group, poor empathy, eye contact, concept of time, literal interpretation of language, personal space. Restrictive and repetitive behaviours – difficulties with unplanned changes, (changes of task or environment) ,obsessions with objects or people, inability to maintain focus, inconsistent behaviour patterns from challenging to passive. Sensory differences – over or under responsiveness to sensory stimuli, e.g. touch, noise (show signs of delayed hand/eye co-ordination and/or fine/gross motor skills or display unusual body movements such as flapping, toe walking, tics or unusual posturing). ✓ Display unusual sensory responses to the environment at times of heightened stress. This may present as anxiety. ✓ Does not have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team.
Range 2	<ul style="list-style-type: none"> ✓ Affects access to a number of aspects of the National Curriculum, including the social emotional curriculum and school life with regard to: Communication and social interaction – difficulties in being part of class or group, poor empathy, eye contact, concept of time, literal interpretation of language, personal space. Restrictive and repetitive behaviours – difficulties with unplanned changes, (changes of task or environment) ,obsessions with objects or people, inability to maintain focus, inconsistent behaviour patterns from challenging to passive. Sensory differences – over or under responsiveness to sensory stimuli, e.g. touch, noise (show signs of delayed hand/eye co-ordination and/or fine/gross motor skills or display unusual body movements such as flapping, toe walking, tics or unusual posturing). ✓ Display unusual sensory responses to the environment at times of heightened stress. This may present as anxiety.
Range 3	<ul style="list-style-type: none"> ✓ Will significantly affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts. ✓ Communication and social interaction – difficulties in being part of class or group, poor empathy, eye contact, concept of time, literal interpretation of language, personal space. ✓ Restrictive and repetitive behaviours – difficulties with unplanned changes, (changes of task or environment) ,obsessions with objects or people, inability to maintain focus, inconsistent behaviour patterns from challenging to passive. ✓ Sensory differences – over or under responsiveness to sensory stimuli e.g. touch, noise (show signs of delayed hand/eye co-ordination and/or fine/gross motor skills or display unusual body movements such as flapping, toe walking, tics or unusual posturing). ✓ Display unusual sensory responses to the environment at times of heightened stress. This may present as anxiety.
Range 4	<ul style="list-style-type: none"> ✓ Severely affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available. ✓ Communication and social interaction – difficulties in being part of class or group, poor empathy, eye contact, concept of time, literal interpretation of language, personal space. ✓ Restrictive and repetitive behaviours – difficulties with unplanned changes, (changes of task or environment) ,obsessions with objects or people, inability to maintain focus, inconsistent behaviour patterns from challenging to passive. ✓ Sensory differences – over or under responsiveness to sensory stimuli, e.g. touch, noise (show signs of delayed hand/eye co-ordination and/or fine/gross motor skills or display unusual body movements such as flapping, toe walking, tics or unusual posturing). ✓ Display unusual sensory responses to the environment at times of heightened stress. This may present as anxiety. ✓ Pupils will have an uneven learning profile but their attainment levels suggest they can access a differentiated mainstream curriculum. Will require significantly more support than is normally provided in a mainstream setting.



Communication and Interaction – ASD

	Assessment and planning	Groupings	Curriculum/teaching methods	Support/intervention/HR
Range 1	Whole school /class differentiated planning and assessment. SENCO may be involved in specific assessments and observations.	Mainstream class with specific targets. Opportunities for group work within usual classroom planning.	Full access to NC through QFT. Flexibility may be needed to allow following of instructions or recording. Instructions may be supported by visual or written cues. Preparation for routine changes may be needed.	Reduction in complex language when needed. QFT to support development of social communication and interaction skills. Flexible use of staffing resources in the classroom. Support from colleagues in the setting including SENCO.
Range 2	More detailed assessment tools may be required. May include assessment advice from OT. Curriculum plans may reflect levels of achievement and include focussed targets.	Mainstream based with opportunities for small group settings and individual work relating to specific communication and interaction needs.	Structured approach which may need visual timetables or reducing language/instruction giving. Teaching approaches should reflect difficulties identified within range descriptors. May be an unusual learning profile showing relative strengths and weaknesses.	QFT to support development of social communication and interaction skills. Flexibility of instructions and recording. Reduction in complex language. Clear preparation for change. Additional support from skilled colleagues to aid curriculum modifications and address social interaction and social understanding.
Range 3	More specialist tools in relation to specific descriptors, e.g. Elklan. Assessment to include a sensory profile. Planning will reflect specifically focussed targets – rest breaks, time for sensory difficulties and processing needs.	As above with enhanced individual support when needed. Targeted support for unstructured times of the day. Support for sensory needs to reduce stress and anxiety.	As above with increasing flexibility to enable access to the curriculum, recording and following instructions. Clear planning and preparation for changes in routine. May be an unusual learning profile showing relative strengths and weaknesses.	As above, plus Key staff to have good knowledge and training in good practice when working with students with communication and interaction needs, e.g. Elklan, Early Bird. Clear use of visual and written cues. Planning and preparation for change.
Range 4	As above plus development of plans for developing whole school understanding of pupil's needs. Shadowing staff in specialist settings. Planning to reflect statutory requirements, e.g. in EHCP.	As above with robust planning to meet objectives in EHCP.	As above with implementations as set in EHCP re: requirements for support. Additional training for mainstream staff to support curriculum modifications.	As above plus All staff aware of de-escalation strategies, e.g. Team Teach trained. Support to reflect EHCP. Alternative curriculum, where appropriate to develop independence and life skills. Enhanced PSHCE programmes that will likely require individualised work.



Social, Emotional and Mental Health

Range 1	<ul style="list-style-type: none"> ✓ Children may present with some low level features of behaviour, emotional, social difficulties. ✓ They may sometimes appear isolated, have immature social skills, be occasionally disruptive in the classroom setting, be overactive and lack concentration. ✓ They may follow some but not all school rules/routines around behaviour in the school environment. ✓ They may experience some difficulties with social skills. ✓ They may show signs of stress and anxiety and/or difficulties managing emotions on occasions.
Range 2	<ul style="list-style-type: none"> ✓ Difficulties identified at range 1 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and range 1 interventions being in place. ✓ Pupils beginning to be at risk of exclusion and have continued difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions. ✓ Pupils may have become socially and emotionally vulnerable, withdrawn, isolated, and unpredictable patterns of behaviour beginning to emerge that impact on learning. ✓ Pupil may show patterns of stress/anxiety related to specific times of the day. ✓ Pupils may have a preference for own agenda and be reluctant to follow instructions. ✓ Pupils may have begun to experience short term behavioural crisis.
Range 3	<ul style="list-style-type: none"> ✓ Difficulties identified at range 2 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and range 1 and 2 interventions and detailed provision maps being in place. ✓ SEMH interfere more frequently with pupils' social/learning development across a range of settings and pupils do not follow routines in school without adult support. ✓ Pupils may have experienced fixed term exclusion and more sustained difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions. ✓ Pupils remain socially and emotionally vulnerable, withdrawn, isolated, and susceptible to unpredictable patterns of behaviour that impact on learning. ✓ Pupil patterns of stress/anxiety related to specific times of the day have become more common. ✓ Pupils have a preference for own agenda and are reluctant to follow instructions. ✓ Short-term behavioural crisis may have become more frequent and are more intense. ✓ Significant time lost from learning/access to the curriculum.
Range 4	<ul style="list-style-type: none"> ✓ Pupil continues to present with significant and persistent levels of behaviour, emotional, social difficulties which are now more complex and which necessitate a multi-agency response. ✓ Pupil is more likely to have experienced fixed term exclusion from school. ✓ Pupil does not have the social and emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day. ✓ Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance. ✓ Pupil is increasingly isolated and struggles to maintain positive relationships with adults or peers. ✓ Careful social and emotional differentiation of the curriculum essential to ensure access to the curriculum and progress with learning. ✓ Not accessed the curriculum/ learning for over a term.



Social, Emotional and Mental Health

	Assessment and planning	Groupings	Curriculum/teaching methods	Support/intervention/HR
Range 1	Whole school planning and assessment. Records of observations, contexts of difficulties, triggers etc. Pastoral/parental support. BFL assessments.	Mainstream setting. Opportunities for group work, individual support, mentoring, good role models. Quiet area for calm and re-focus.	Appropriate differentiated curriculum catering for a range of learning styles. Behaviour targets. PSHCE. Planned teaching of communication skills.	Flexible support. Monitoring of 'hotspots' Support for times identified by risk assessments. Effective behaviour inclusion policy. Strategies to encourage parental involvement. Systems for observing, auditing and assessing behaviour by SLT. Access to additional provisions, e.g. Lunchtime 'havens', buddy schemes.
Range 2	More detailed targeted assessments, e.g. Boxall, SDQ. Behaviour plans/Risk assessments in place for difficult times during school day. Clear targets and next steps.	As above, plus identified regular support to teach social skills, etc. Time limited programmes of small group work based on identified needs. 1:1 support where appropriate.	Targeted differentiation. Sharing of strategies with staff/parents. Increased differentiation of SEB learning. Simplified level of pace and instruction. Chunked instruction. Preparation for change. 1:1 programmes around SEB.	Further use of positive targeted strategies, e.g. baselines to assess and support SEB, medical checks, incident logs, observations in a range of settings. Consideration given to provision of parenting support, Early Help etc.
Range 3	As above, plus more systematic application of assessment tools to gain evidence. Targeted individual support based on evidence. Multi-agency working.	Mainstream, but increasingly working on modified curriculum with regular, focussed support working on SEB targets. Frequent small group based on need.	Modify pace/level/teacher talk. Nurturing approach taking into account of difficulties understanding rules, boundaries. Consideration of alternative, differentiated curriculum that allows flexibility. Teach at emotional need rather than chronological age.	As above but more frequent targeted support. Regular parental involvement. Encouragement and inclusion in extra-curricular activities. Multi agency approach. Regular group work. Increase visual systems – prompt cards, diaries etc. Involvement of a wider range of services including Ed Psych.
Range 4	Increased involvement of outside professionals to inform planning. Assessment in short term environment. Short term target setting involving various professionals.	As above plus 1:1 support subject to funding. Managed move considered. Access to specialist or alternative education providers.	Personalised curriculum. May be disappplied from some aspects of the NC. More lessons outside mainstream timetabling with increasing access to alternative specialist provisions. Daily monitoring.	Daily access to staff with experience and training in meeting the needs of students with SEMH. Referral to Emotional Resilience Team. Continued involvement of wider services, e.g. Children's Social Care, CAMHS.



Physical and Medical

Range 1	<ul style="list-style-type: none"> ✓ Some mild problems with fine motor skills and recording. ✓ Mild problems with self-help and independence. ✓ Some problems with gross motor skills and coordination often seen in PE. ✓ Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment. ✓ Has continence/ toileting issues. ✓ Possible low levels of self-esteem. ✓ Have medical condition that impacts on time in school and require a medical care plan.
Range 2	<ul style="list-style-type: none"> ✓ Continuing mild to moderate problems with hand / eye coordination, fine / gross motor skills and recording, impacting on access to curriculum. ✓ Making slow or little progress despite provision of targeted teaching approaches. ✓ Have continuing difficulties with continence/ toileting. ✓ Have continuing problems with self-esteem and peer relationships. ✓ Continuing problems with self-help and independence. ✓ Continuing problems with gross motor skills and coordination often seen in PE. ✓ Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment. ✓ Have medical condition that impacts on time in school and require a medical care plan.
Range 3	<ul style="list-style-type: none"> ✓ Moderate or persistent gross and / or fine motor difficulties. ✓ Recording and / or mobility now impacting more on access to the curriculum. ✓ Need specialist input to comply with health and safety legislation; e.g. to access learning in the classroom, for personal care needs, at break and lunch times. ✓ Increased dependence on mobility aids i.e. wheelchair or walking aid. ✓ Increased use of alternative methods for extended recording e.g. scribe, ICT, etc.
Range 4	<ul style="list-style-type: none"> ✓ Significant physical /medical difficulties with or without associated learning difficulties. ✓ Physical and / or medical condition will have a significant impact on the ability to access the curriculum. This be through a combination of physical, communication and learning difficulties. ✓ Significant and persistent difficulties in mobility around the building and in the classroom. ✓ Have significant personal care needs which require adult support and access to a hygiene suite. ✓ Have developmental delay and/or learning difficulties which impacts upon access to curriculum. ✓ Will require a Statutory Assessment or will have an Education, Health and Care Plan. ✓ Primary need is identified as physical / medical.



Physical and Medical

	Assessment and planning	Groupings	Curriculum/teaching methods	Support/intervention/HR
Range 1	Whole school planning and assessment. Care plan may be in place. Monitoring of developmental goals. Risk assessment where appropriate.	Mainstream with attention to positioning.	Quality Teaching in Mainstream class with appropriate level of differentiation according the needs of the student. Refer to appropriate medical team for adapted equipment. Possible PE differentiation.	Flexible use of resources according to need. Relevant input by health professionals and use of appropriate resources, e.g. adapted pens, scissors, foot stool etc.
Range 2	As above plus assess adaptations to ensure maximise curriculum access. Regular assessment of care needs where appropriate.	As above but may have modified curriculum tasks based on need. Buddy system. Small group /1:1 opportunities.	As above plus flexible/alternative recording methods according to need. Adult support to practice skills in practical lessons where appropriate.	As above plus occasional adult support directed by teacher. Light touch support to meet hygiene needs or outdoor play. Advice from physio/OT Staff training on a 'need to know' basis.
Range 3	As above plus SENCO to seek advice from physical medical team on next steps. Liaison with parents re: care needs/targets. Modified planning for PE/ specialist subjects is likely.	Individual skills based work. Support with issues of self-esteem. Small group 1:1 work to practice skills.	Quality Teaching in Mainstream class with appropriate level of differentiation according the needs of the student. Relevant advice to support development of fine/gross motor skills. More dependence on ICT for appropriate recording.	Staff supported by SENCO and relevant medical professionals. Assessment of furniture and other resources by OT/physio. Adapted site for access to buildings, specialist rooms. Possible use of specialist furniture.
Range 4	Continual monitoring by SENCO and specialists to evaluate need including personal care and manual handling. Modifications to curriculum planning. Interventions should be incorporated across all aspects of the school day.	AS above plus 1:1 small group input to practice skills advised by medical professionals. Specialist sessions according to needs, e.g. Swimming, motor skills.	Will increasingly need: programme to develop handwriting and fine motor skills, access to appropriate ICT equipment, differentiated writing materials and equipment. Differentiated PE curriculum, Dressing and undressing skills programme.	Will need significant 1:1 support to access aspects of the curriculum and develop recording skills. Need individual adult support for mobility and personal care needs as advised by medical and healthcare professionals. ICT equipment to aid recording, specialist furniture where appropriate. Adaptations to access building. Emergency evacuation procedures and risk assessment for on and off site activities.



Early Years Foundation Stage

Range 1	<p>The pupil is not making expected progress: difficulties are becoming apparent in relation to prime areas:</p> <ul style="list-style-type: none"> - Personal, social and emotional development - Communication and language development - Physical development including fine and gross motor skills <p>Being mindful that every child is an individual and they all learn and develop at different rates, the child's developmental profile shows the following level of delay:</p> <ul style="list-style-type: none"> ✓ At 2 years functioning at 12-18 months ✓ At 3 years functioning at 18-30 months ✓ At 4 years functioning at 24-38 months ✓ At 5 years functioning at 31-50 months
Range 2	<p>The pupil will have MILD but persistent difficulties and is not making expected progress despite a range of interventions and quality teaching: difficulties are becoming increasingly apparent in relation to prime areas, as above.</p> <p>Being mindful that every child is an individual and they all learn and develop at different rates, the child's developmental profile shows the following level of delay:</p> <ul style="list-style-type: none"> ✓ At 2 years functioning at 8-12 months ✓ At 3 years functioning at 12-17 months ✓ At 4 years functioning at 17-23 months ✓ At 5 years functioning at 20-30 months
Range 3	<p>The pupil will have MODERATE and persistent difficulties and is not making expected progress despite significant levels of focussed intervention and implementation of advice and recommendations from external agencies and the provision of quality teaching: difficulties are clearly apparent in relation to prime areas, as above.</p> <p>Being mindful that every child is an individual and they all learn and develop at different rates, the child's developmental profile shows the following level of delay:</p> <ul style="list-style-type: none"> ✓ At 2 years functioning at 6-8 months ✓ At 3 years functioning at 9-12 months ✓ At 4 years functioning at 12-16 months ✓ At 5 years functioning at 16-20 months
Range 4	<p>The pupil will have SIGNIFICANT/PROFOUND and persistent difficulties, and is not making expected progress despite significant levels of focussed intervention and implementation of advice and recommendations from external agencies and the provision of quality teaching. Difficulties are clearly apparent in relation to prime areas, as above.</p> <p>Being mindful that every child is an individual and they all learn and develop at different rates, the child's developmental profile shows the following level of delay:</p> <ul style="list-style-type: none"> ✓ At 2 years functioning at 0-6 months ✓ At 3 years functioning at 0-9 months ✓ At 4 years functioning at 0-12 months ✓ At 5 years functioning at 0-16 months



Early Years Foundation Stage

	Assessment and planning	Groupings	Curriculum/teaching methods	Support/intervention/HR
Range 1	Liaise with the family/carer. Further observation in order to understand child's current interests, development and learning needs. Intervention involving parent/carer, child, SENCo, key person. Action plan (ISP) drawn up with SMART targets Half-termly review of child's progress towards targets recorded on the ISP.	Mainstream setting. Grouping strategies used flexibly for learning and adult support.	Full access to the EYFS curriculum Small step approach to learning. Quality First Teaching. Differentiation and small group support where appropriate. Approaches show acceptance, empathy, emotional support, and aims to build positive relationships with them.	Main provision by class teacher or Foundation Stage Coordinator with advice from the SENCo Additional adults used to support flexible groupings and differentiation.
Range 2	As above, with SENCo involved in ongoing observation. Refer and involve educational and other professionals as appropriate, e.g. SALT, Health Visitor. Appropriate external agencies attend reviews. Possible Early Help.	As above, with additional adult attention and/or support for group activities. Access to individually supported activities. This may involve working as part of a small group or one-to-one with an adult on ISP targets.	As above, with emphasis on providing an enabling environment with increased differentiation of curriculum access and materials. Increased focus on specific activities and/or use of resources.	Additional adult attention and/or support for some activities. Supervision/monitoring by SENCo. Time allocated for professionals to liaise with external agencies.
Range 3	As above, with educational psychologist, portage and preschool, Speech and Language Therapy Service, Health Visitor and other professionals involved as appropriate.	As above, with daily 1:1 additional adult attention and/or support for individual and group activities following specialist advice for at least 30 mins per day.	As above, with emphasis on providing an enabling environment with increased differentiation of curriculum access and materials. Increased focus on specific activities and/or use of resources.	As above, with daily 1:1 trained additional adult attention and/or support for individual and group activities following specialist advice for at least 30 mins per day
Range 4	As above, plus SENCo and class teacher implement advice provided by Educational Psychologist (EP) or Specialist Teacher and other professionals involved for example: Speech and Language Therapist. Refer for EHCP.	Grouping strategies used flexibly to enhance learning and access to the curriculum. Daily opportunities for 1:1 support on ISP targets. Daily opportunities for small group work on ISP targets.	As above, with emphasis on providing an enabling environment with increased differentiation of curriculum access and materials. Increased focus on specific activities and/or use of resources.	As above, main provision by class teacher with support from the SENCo. Daily trained additional adult attention and/or support for individual and group activities following specialist advice for at least 2 hours per day, under the direction of the class teacher.