



Sensory and/or Physical Needs

Including guidance for Children and Young People with: Hearing Impairment Visual Impairment Dual Sensory Needs Physical and Medical Needs

Guidance for Children and Young People with Hearing Impairment

Children with a permanent sensorineural and aided conductive hearing loss are identified by local audiology and ENT departments and referred directly to the Low Incidence Needs Service (LINS) and through the New-born Hearing Screening Programme. When a referral has been made, support is offered by specialist staff from the team to children, families and schools/settings. For a pre-school child, home visits are made to families and for those in a setting, advice is provided to staff and parents. Support from Teachers of the Deaf and specialist staff is offered, based on the NatSIP Eligibility Framework. All hearing impaired children on caseload are offered regular opportunities to socialise with other deaf children.

It is acknowledged that other conditions occur alongside hearing loss; for example, degrees of learning difficulty, Autism Spectrum conditions, physical difficulties, visual impairment. Advice on these is not specifically made within this guidance. Professionals find other guidance produced in this information set useful in these cases. This may affect the presentation as reflected when using the range descriptors.

Note: Colleagues consulting this guidance for children up to the end of the Foundation Stage need to use the guidance in conjunction with the document in this set, 'SEND Inclusion in the Early Years'.

Glossary

Types of Deafness

Conductive Hearing Loss: when sound can't pass efficiently through the outer and middle ear to the cochlea and auditory nerve. The most common type of conductive deafness in children is caused by glue ear – when fluid builds up in the middle ear. For most children this is a temporary condition and clears up by itself. For some children, the problem may be a chronic or permanent problem and they may have grommets inserted or be fitted with hearing aids.

Sensorineural deafness: when there is a fault in the inner ear or auditory nerve. Sensorineural deafness is permanent.

Mixed hearing loss: a combination of conductive and sensorineural hearing loss.

Auditory Neuropathy Spectrum Disorder (ANSD): occurs when sounds are received normally by the cochlea, but become disrupted as they travel to the brain.

Degrees of Deafness

The British Society of Audiology descriptors are used to define degrees of hearing loss. These descriptors are based on the average hearing threshold levels at 250, 500, 1000, 2000 and 4000Hz in the better ear (where no response is taken to have a value of 130 dBHL).

Mild hearing loss	Unaided threshold 21-40 dBHL
Moderate hearing loss	Unaided threshold 41-70 dBHL
Severe hearing loss	Unaided threshold 71-95 dBHL
Profound hearing loss	Unaided threshold in excess of 95 dBHL

Darlington Low Incidence Needs Service provides Teachers of the Deaf and specialist nursery nurse support to children and their families. The NatSIP (National Sensory Partnership) Eligibility Framework is used to determine appropriate levels of support.

Hearing Impairment Descriptors – Overview of Ranges

The children and young people to whom this guidance relates will present with a range of hearing loss which affects their language and communication development. The suggested provision and resourcing at the appropriate range will support effective teaching and learning for this group of children.

Children with hearing impairment have differences in the areas identified below. Use these descriptors to identify the needs of an individual pupil. Highlight the descriptors which are appropriate to an individual child and compare this to the range models.

Guidance for Children and Young People with Hearing Impairment	
Range Descriptors Overview	
Range 1 Mild	<ul style="list-style-type: none"> • Aided or • Chronic temporary long term conductive or • Unilateral/bilateral hearing loss greater than 20dBHL
Range 2 Mild - Moderate	<ul style="list-style-type: none"> • Bilateral mild long term conductive or sensorineural hearing loss • May have Auditory Neuropathy Spectrum Disorder • Mild to moderate permanent unilateral (moderate or greater hearing loss) • Hearing aids used • Moderate difficulty with listening, attention, concentration, speech, language and class participation
Range 3 Moderate	<ul style="list-style-type: none"> • Bilateral moderate long term conductive or sensorineural hearing loss • Will have hearing aids and may have a radio aid • Will have moderate difficulty accessing spoken language; likely language delay • May have Auditory Neuropathy Spectrum Disorder and may require frequent monitoring • Moderate difficulty with listening, attention, concentration and class participation
Range 4a Significant	<ul style="list-style-type: none"> • Bilateral moderate or severe permanent hearing loss with no additional learning difficulties • Severe difficulty accessing spoken language and therefore the curriculum • May have additional language delay associated with hearing loss • Will have hearing aids and may have a radio aid • Auditory Neuropathy Spectrum Disorder and may have hearing aids • Difficulties with attention, concentration, confidence and class participation
Range 4b	<ul style="list-style-type: none"> • Bilateral moderate/severe or severe/profound permanent hearing loss • May have additional language/learning difficulties associated with hearing loss

	<ul style="list-style-type: none"> • Will have hearing aids or cochlea implant • Will have a radio aid • May have Auditory Neuropathy Spectrum Disorder and may have cochlea implants • Speech clarity may be affected • Severe difficulties with attention, concentration, confidence and class participation • Significant difficulty accessing spoken language and therefore the curriculum
<p>Range 5 Severe</p>	<ul style="list-style-type: none"> • Bilateral moderate/severe/profound permanent hearing loss • Profound language delay and communication difficulties which prevent the development of appropriate social and emotional health • British Sign Language (BSL) or Sign Supported English (SSE) may be needed for effective communication • Will have hearing aids or cochlear implants • Will have a radio aid • Profound difficulty accessing spoken language and therefore the curriculum without specialist intervention • Speech clarity may be profoundly affected • Will have significant difficulties with attention, concentration, confidence and class participation • May have Auditory Neuropathy Spectrum Disorder • Additional language/learning difficulties associated with hearing loss
<p>Range 6 Profound</p>	<ul style="list-style-type: none"> • Bilateral moderate/severe/profound permanent hearing loss • Profound language/learning difficulties associated with hearing loss • Profound language delay and communication difficulties which prevent the development of appropriate social and emotional health • May use BSL/SSE or augmentative communication to communicate • Will have hearing aids/cochlear implants • Will have a radio aid • Profound difficulty accessing spoken language and therefore the curriculum • Speech clarity will be affected • Difficulty with attention, concentration, confidence and class participation • May have Auditory Neuropathy Spectrum Disorder • Additional difficulties and learning needs not associated with hearing loss

Range 1	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<ul style="list-style-type: none"> • Aided or • Chronic temporary conductive or • Unilateral/bilateral minimal average <20dBHL • Local authority assessment carried out • Advice offered to schools 	<ul style="list-style-type: none"> • Part of school and class assessments • Curriculum plan must reflect levels of achievement and include individually focused support plan <p>LA</p> <ul style="list-style-type: none"> • May receive assessment and advice from a qualified Teacher of the Deaf, as determined by the NatSIP eligibility criteria 	<ul style="list-style-type: none"> • Mainstream class • Must have attention to seating, lighting and acoustics <p>LA</p> <ul style="list-style-type: none"> • Speech testing and other specialist tools may be used to assess access to spoken language 	<ul style="list-style-type: none"> • Full inclusion within National Curriculum 	<ul style="list-style-type: none"> • Main provision by class/subject teacher • Class teacher/TA should attend Deaf Awareness Training provided by the Low Incidence Needs Service

Range 2	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Hearing loss:</p> <ul style="list-style-type: none"> • Audible chronic conductive, • Bilateral audible minimal or mild • Moderate permanent unilateral • Have hearing aids • Moderate difficulty with listening, attention, concentration, speech, language and class participation • A Speech and Language referral may also be considered • Auditory Neuropathy Spectrum Disorder 	<p>Assessment</p> <ul style="list-style-type: none"> • Part of school and class assessments • Speech testing and other specialist tools may be used to assess access to spoken language <p>Planning</p> <ul style="list-style-type: none"> • Curriculum plan must reflect levels of achievement and include individually focused support plan <p>LA</p> <ul style="list-style-type: none"> • Assessment monitoring and advice from a qualified Teacher of the Deaf, as determined by the NatSIP eligibility framework • Speech testing and other specialist tools may be used to assess access to spoken language • Teacher of the Deaf will monitor hearing aid management 	<ul style="list-style-type: none"> • Mainstream class • Must have attention to seating, lighting and acoustics • Teaching methods which facilitate access to the curriculum, social/emotional development and class participation 	<ul style="list-style-type: none"> • Full inclusion within National Curriculum 	<ul style="list-style-type: none"> • Main provision by class/subject teacher • Class teacher/TA should attend Deaf Awareness Training provided by the Low Incidence Needs Service

Range 3	Assessment and Planning	Teaching and learning Strategies	Curriculum/Intervention	Resources and Staffing
<ul style="list-style-type: none"> • Aided chronic conductive, or bilateral moderate permanent • Will have hearing aids and may have a radio aid • Will have moderate difficulty accessing spoken language, likely language delay • Have difficulty with listening, attention, concentration and class participation • A Speech and Language referral may also be considered • Have Auditory Neuropathy Spectrum Disorder • May use a radio aid 	<p>Assessment</p> <ul style="list-style-type: none"> • Should be part of school and class assessments • May require modification to the presentation of assessments <p>Planning</p> <ul style="list-style-type: none"> • Curriculum plan must reflect levels of achievement and include individually focused support plan <p>LA</p> <ul style="list-style-type: none"> • Assessment monitoring and advice from a qualified Teacher of the Deaf, as determined by the NatSIP eligibility criteria • Teacher of the Deaf will monitor and set hearing aid/radio aid management targets 	<ul style="list-style-type: none"> • Mainstream class • Must have attention to seating, lighting and acoustics • Opportunities for 1:1 and small group work 	<ul style="list-style-type: none"> • Full inclusion within National Curriculum • Differentiation by presentation and/or outcome • Opportunities for explanation, clarification and reinforcement of lesson content and language • Specific interventions for speaking, listening and teaching of phonics <p>LA</p> <ul style="list-style-type: none"> • May be referred to and have access to speech and language and communication interventions for deaf children • Direct Teaching/ Intervention by the Teacher of the Deaf to support vocabulary development and listening and discrimination skills • Teacher of the Deaf may deliver specialist intervention to promote positive deaf identity 	<ul style="list-style-type: none"> • Main provision by class/subject teacher • Speech testing and other specialist tools must be used to assess access to spoken language carried out by a qualified Teacher of the Deaf • All school staff should undergo Deaf Awareness Training as provided by Low Incidence Needs Service

Range 4a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<ul style="list-style-type: none"> • Bilateral moderate or severe permanent hearing loss with no additional learning difficulties • Severe difficulty accessing spoken language and therefore the curriculum • May have additional language delay associated with hearing loss • Will have hearing aids and may have a radio aid • Speech clarity likely to be significantly affected • Difficulties with attention, concentration, confidence and class participation • Auditory Neuropathy Spectrum Disorder 	<p>Assessment</p> <ul style="list-style-type: none"> • Part of school and class assessments • Must have modifications to the presentation of assessments <p>Planning</p> <ul style="list-style-type: none"> • Curriculum plan reflects levels of achievement and must include individually focused support plan <p>LA</p> <ul style="list-style-type: none"> • Speech testing and other specialist tools must be used to assess access to spoken language • Assessment monitoring and advice from a qualified Teacher of the Deaf, as determined by the NatSIP eligibility criteria • Teacher of the Deaf will monitor and set hearing aid/radio aid management targets 	<ul style="list-style-type: none"> • Mainstream class • Must have regular opportunities for 1:1 and small group work based on identified need • Must have attention to seating, lighting and acoustics <p>LA</p> <ul style="list-style-type: none"> • Should have systematic application of speech and language and communication assessment tools for deaf children 	<ul style="list-style-type: none"> • Full inclusion within National Curriculum • Differentiation by presentation and/or outcome • Regular opportunities for explanation, clarification and reinforcement of lesson content and language • Specific interventions for speaking, listening and teaching of phonics <ul style="list-style-type: none"> • May be referred to and have access to speech and language and communication interventions for deaf children • Direct Teaching/ Intervention by the Teacher of the Deaf to support vocabulary development and listening and discrimination skills • Teacher of the Deaf may set curriculum targets to help reduce the gap in attainment • Teacher of the Deaf may deliver specialist intervention to promote positive deaf identity 	<ul style="list-style-type: none"> • Main provision by class/subject teacher with advice from Teacher of the Deaf • Clear direction of TA with appropriate training in working with deaf pupils, under the direction of the teacher and with the advice from the Teacher of the Deaf to: <ul style="list-style-type: none"> • Reinforce lesson content • Deliver modified curriculum tasks • Support language development • Access to a quiet room for small group and 1:1 sessions • School staff should undergo Deaf Awareness Training as provided by the Low Incidence Needs Service

Range 4b	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<ul style="list-style-type: none"> • Bilateral moderate/severe or severe/profound permanent hearing loss • May have additional language/learning difficulties associated with hearing loss • Will have hearing aids/cochlear implant • Will have a radio aid • Profound difficulty accessing spoken language and therefore the curriculum • Speech clarity will be profoundly affected • Severe difficulties with attention, concentration, confidence and class participation • Auditory Neuropathy Spectrum Disorder 	<p>Assessment:</p> <ul style="list-style-type: none"> • Must be part of school and class assessments • Must have modification to the presentation of assessments <p>Planning:</p> <ul style="list-style-type: none"> • Curriculum plan must closely track levels of achievement and all support plan targets are individualised, short term and specific incorporating advice from the Teacher of the Deaf • Assessment monitoring and advice from a qualified Teacher of the Deaf, as determined by the NatSIP eligibility criteria • Speech testing and other specialist tools must be used to assess access to spoken language 	<ul style="list-style-type: none"> • Mainstream class with flexible grouping arrangements • Must have ongoing opportunities for 1:1 support focused on specific support plan targets • Must have frequent opportunities for small group work based on identified need • Must have particular attention to seating, lighting and acoustics • Should have systematic application of speech and language and communication assessment tools for deaf children 	<ul style="list-style-type: none"> • Must have differentiation by presentation and/or outcome personalised to pupil identified needs • Must have opportunities for explanation, clarification and reinforcement of lesson content and language • May be referred to and have access to speech and language and communication interventions for deaf children • Direct Teaching/ Intervention by the Teacher of the Deaf to support vocabulary development and listening and discrimination skills • Teacher of the Deaf may set curriculum targets to help reduce the gap in attainment • Teacher of the Deaf may deliver specialist intervention to promote positive deaf identity 	<ul style="list-style-type: none"> • Must have main provision by class/subject teacher with support from Teacher of the Deaf • Must have additional adults with appropriate training under the direction of the teacher and Teacher of the Deaf to: <ul style="list-style-type: none"> ○ Reinforce lesson content ○ Deliver modified curriculum tasks ○ Support language development • Should have specialist support staff with appropriate communication skills • School staff should undergo Deaf Awareness Training as provided by Low Incidence Needs • Access to a quiet room for small group and 1:1 sessions

Range 5a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<ul style="list-style-type: none"> • Bilateral moderate/severe/ profound permanent hearing loss • Additional language/learning difficulties associated with hearing loss • BSL/SSE may be needed for effective communication • Will have hearing aids/cochlear implants and a radio aid • Profound difficulty accessing spoken language and therefore the curriculum without specialist intervention • Speech clarity may be affected • Will have significant difficulties with attention, concentration, confidence and class participation • Auditory Neuropathy Spectrum Disorder • Profound language delay and communication difficulties which prevent the development of appropriate social and emotional health 	<p>Assessment:</p> <ul style="list-style-type: none"> • Must be part of school and class assessments • Must have modification to the presentation of assessments <p>Planning:</p> <ul style="list-style-type: none"> • Curriculum plan must closely track levels of achievement and all support plan targets are individualised, short term and specific • Assessment monitoring and advice from a qualified Teacher of the Deaf, as determined by the NatSIP eligibility criteria 	<ul style="list-style-type: none"> • Must have mainstream class with flexible grouping arrangements • Must have ongoing opportunities for 1:1 support focused on specific support plan targets • Must have frequent opportunities for small group work based on identified need • Must have particular attention to seating, lighting and acoustics • Speech testing and other specialist tools must be used to assess access to spoken language • Should have systematic application of speech and language and communication assessment tools for deaf children 	<ul style="list-style-type: none"> • Must have opportunities for explanation, clarification and reinforcement of lesson content and language • Must have differentiation by presentation and/or outcome personalised to pupil identified needs (school planning) 	<ul style="list-style-type: none"> • May have access to a specialist provision • Main provision by class/subject teacher with support from Teacher of the Deaf • Must have ongoing assessment of needs using specialist and NC guidance • School staff must undergo Deaf Awareness Training as provided by Hearing Impaired Service • Must have access to a quiet room for small group and 1:1 sessions

Range 6a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<ul style="list-style-type: none"> • Primary need is hearing loss and is bilateral moderate/ severe/profound and permanent • Additional difficulties and learning needs not associated with hearing loss • Profound language/learning difficulties associated with hearing loss • BSL/SSE or augmentative communication may be needed for effective communication • Will have hearing aids/cochlear implants and a radio aid • Profound difficulty accessing spoken language and therefore the curriculum • Speech clarity will be affected • Difficulty with attention, concentration, confidence and class participation • Auditory Neuropathy Spectrum Disorder • Profound language delay and communication difficulties which prevent the development of appropriate social and emotional health 	<p>Assessment:</p> <ul style="list-style-type: none"> • Must be part of school and class assessments • Must have modification to the presentation of assessments <p>Planning:</p> <ul style="list-style-type: none"> • Curriculum plan must closely track levels of achievement and all support plan targets are individualised, short term and specific • Speech testing and other specialist tools must be used to assess access to spoken language • Must have systematic application of speech, language and communication assessment tools for deaf children • Must have assessment by education and non-education professionals as appropriate 	<ul style="list-style-type: none"> • Must have mainstream class with flexible grouping arrangements • Must have ongoing opportunities for 1:1 support focused on specific support plan targets • Must have frequent opportunities for small group work based on identified need • Must have particular attention to seating, lighting and acoustics • Support and advice from a Teacher of the Deaf 	<ul style="list-style-type: none"> • Must have opportunities for explanation, clarification and reinforcement of lesson content and language • Must have differentiation by presentation and/or outcome personalised to pupil identified needs (school and Teacher of the Deaf planning) • School staff must undergo Deaf Awareness Training as provided by Hearing Impaired Service 	<ul style="list-style-type: none"> • Must have timetabled teaching support directly from Teacher of the Deaf as determined by the NatSIP eligibility framework • Must have additional adults with appropriate training under the direction of the teacher and Teacher of the Deaf to: <ul style="list-style-type: none"> • Reinforce lesson content • Deliver modified curriculum tasks • Support language development • Access to deaf adults and peers • 1:1 support from specialist support staff with appropriate BSL/ communication skills and skills in supporting additional needs in all lessons • Specific deaf-related training for staff <p>Must have:</p> <ul style="list-style-type: none"> • Electro-acoustic assessment of auditory equipment • Provision of personal FM systems

Guidance for Children and Young People with Visual Impairment

Below is a summary of the offers for children with a visual impairment, aged 5 – 19 attending mainstream and special school settings. Separate guidance is available for young children aged 0 – 5, at home and in a range of pre-school and early years settings.

Universal offer

All **new referrals** from parents, settings/schools, health and other professionals will receive an initial assessment, to include:

- Assessment of visual functioning, including classroom observations, by a Qualified Teacher of children and young people with Visual Impairment (QTVI)
- Information from school/setting
- Information from Health/other agencies
- Information from parent/carer
- Information from child/young person

The assessment will be aligned to the NatSIP Eligibility Criteria, which will:

- Enable the service to provide an equitable allocation of resources
- Provide a means of identifying the levels of support required
- Provide entry and exit criteria

The above assessment, including visits, report writing and admin time, will be expected to take 8 hours. The outcome of the assessment will be an initial report written by the QTVI and Habilitation Officer if required, to reflect all the above, and to be shared with all stakeholders.

The report will allocate a VI range and make recommendations on support, advice and teaching, in line with range descriptors and the funding of SEND provision. The cost of the first £10,000 is within the delegated school budget; if the cost of provision exceeds £10,000, this is funded from the high needs block of the dedicated schools budget (range 4 -7).

Targeted offer

Range 1- 3

These descriptors outline the support and provision that must be made available to pupils with a visual impairment who do not have an Education, Health and Care Plan, by the school, and by the Local Authority Vision Impairment Teacher.

These descriptors are intended to be general indicators of a possible visual impairment which may be affecting learning. All the descriptions of visual functioning assume the pupil is wearing glasses if these have been prescribed, i.e. the visual acuities are based on the best achievable vision. Some conditions are not correctible with glasses. Some pupils have reduced vision in 1 eye only, or have variable vision. Some pupils have deteriorating vision, and this should be monitored on a regular basis.

Specialist offer

Range 4 and above

These descriptors outline the support and provision that must be made available to pupils with a visual impairment who are eligible to have an Education, Health and Care Plan.

Guidance for Children and Young People with Visual Impairment	
Range Descriptors Overview	
<p>Range 1 Mild</p>	<p>Mild Visual Impairment</p> <ul style="list-style-type: none"> • Pupils find concentration difficult. • Pupils peer or screw up eyes. • Distance vision approximately 6/18. This means that the pupil needs to be about 2 metres away to see what fully sighted pupils can see from 6 metres. • Can probably see details on a whiteboard from the front of a classroom, as well as others can see from the back of the room. • Near vision: likely to have difficulty with print sizes smaller than 12 point or equivalent sized details in pictures • This is 12 point • Pupil's optimum text size may range from text size 14-18. The optimum text size is the text size the pupil can read to read smaller text, but this may make them visually tired or their reading fluency and accuracy might be impeded. • Pupils who have nystagmus may be within this range or subsequent ranges depending on what their visual acuity is at worst. Pupils who have nystagmus have fluctuating vision. Their vision can worsen if they are tired, upset, angry, worried or unwell. It is likely their vision will worsen in unfamiliar places. They may struggle with depth perception and may find unfamiliar steps difficult or be cautious if the ground is uneven.
<p>Range 2 Mild - Moderate</p>	<p>Moderate Visual Impairment</p> <ul style="list-style-type: none"> • Pupils find concentration difficult. • Pupils peer or screw up eyes. • Pupils move closer when looking at books or notice boards. • Pupils make frequent "copying" mistakes. • Distance vision: approximately 6/24. This means that the pupil needs to be about 1.5 metres away to see what fully sighted pupils can see from 6 metres • Will not be able to see details on a white board from the front of classroom as well as others can see from the back. • Near vision: likely to have difficulty with print sizes smaller than 14 point or equivalent sized details in pictures • This is 14 point

	<ul style="list-style-type: none"> • Pupil's optimum text size may range from text size 18-24. The optimum text size is the text size the pupil can read to read smaller text, but this may make them visually tired or their reading fluency and accuracy might be impeded.
<p>Range 3 Moderate</p>	<p>Moderate to Significant Visual Impairment</p> <ul style="list-style-type: none"> • Pupil will find concentration difficult • Pupil will peer or screw up eyes • Pupil will move closer when looking at books or notice boards • Pupil will make frequent “copying” mistakes • Pupil will have poor hand - eye coordination • Pupil will have a slow work rate • Distance vision: approximately 6/36. This means that the pupil needs to be about 1 metre away to see what fully sighted pupils can see from 6 metres • Will not be able to see details on a white board without approaching to within 1 metre of it. • [Redacted] <p>Near vision: likely to have difficulty with print sizes smaller than 18 point or equivalent sized details in pictures.</p> <ul style="list-style-type: none"> • This is 18 point • The pupil's optimum text size may range from text size 24-36. The optimum text size is the text size the pupil can able to read smaller text, but this may make they visually tired or they their reading fluency and accuracy may be [Redacted]. • Pupils may have Cerebral Visual Impairment (CVI) – these pupils have normal or near normal visual acuities but will display moderate to significant visual processing difficulties. • NatSIP Range 30- 36
<p>Range 4a Significant</p>	<p>Cerebral Visual Impairment (CVI)</p> <ul style="list-style-type: none"> • CVI must be diagnosed by an ophthalmologist. The pupil will typically have good acuities when tested in familiar situations but this will vary throughout the day. A key feature of CVI is that vision varies from hour to hour with the pupil's well-being. • All pupils with CVI will have a different set of difficulties which means thorough assessment is a key aspect. The pupil has difficulties associated with dorsal processing stream, ventral processing stream or a combination of both. <p>Dorsal stream difficulties include:</p> <ul style="list-style-type: none"> • Difficulties seeing moving objects • Difficulties reading

	<ul style="list-style-type: none"> • Difficulties doing more than one thing at a time (e.g. looking and listening) <p>Ventral Stream Difficulties include:</p> <ul style="list-style-type: none"> • Inability to recognise familiar faces • Difficulties route finding • Difficulties with visual clutter • Lower visual field loss
<p>Range 4b</p>	<p>Severe Visual Impairment</p> <ul style="list-style-type: none"> • Pupils likely to be registered severely sighted or blind but still learning by sighted means • Distance vision: 6/36 or 6/60 or worse. This means that the pupil can see at 6m what a fully sighted person could see from 60m. It represents a difficulty identifying any distance information, people or objects. • Pupils would be unable to work from a white board in the classroom without human/technical support. • [REDACTED] • Near vision: likely to have difficulty with any print smaller than 24 point. • The pupil's optimum text size may range from text size 24-36 and learning materials will require significant differentiation and modification. The optimum text size is the text size the pupil can read most fluently and [REDACTED]. <ul style="list-style-type: none"> • This is 24 point • This is 36 point
<p>Range 5 Severe</p>	<ul style="list-style-type: none"> • Usually pupils who have suffered a late onset visual impairment, or where their vision has deteriorated rapidly • Some pupils may also be continuing to use print at point 48 • [REDACTED] • Some pupils will be making the transition from print to braille • These pupils will usually be registered blind and learning by tactile methods • Some may have little or no useful vision, and very limited or no learning by sighted means

	<ul style="list-style-type: none">● This is 48 point• [REDACTED]
Range 6 Profound	<ul style="list-style-type: none">• Usually pupils who are born with severe visual impairment, who are identified early on as being tactile learners• Pupils who are new to the country, with severe visual impairment• These pupils will usually be registered blind and learning by tactile methods; they will have little or no useful vision, and very limited or no learning by sighted means• Pupils with severe learning difficulties as a prime need, and who are blind or partially sighted, or have a diagnosis of CVI, as a secondary need• Distance vision: difficulty identifying any distance information• Near vision: will have difficulty responding to facial expressions at 50 cm• [REDACTED]

Range 1	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Mild visual impairment</p> <ul style="list-style-type: none"> • Pupil finds concentration difficult • Pupil peers or screws up eyes • Distance vision approximately 6/18: this means that the pupil needs to be about 2 metres away to see what fully sighted pupils can see from 6 metres • Can probably see details on a whiteboard from the front of a classroom as well as others can see from the back of the room • Near vision: likely to have difficulty with print sizes smaller than 12 point or equivalent sized details in pictures • This is 12 point • Pupil's optimum text size may range from text size 14-18. The optimum text size is the text size the pupil can read most fluently and accurately compared to other text sizes. It is important to understand that the pupil may be able to read smaller text, but this may make them visually tired or their reading fluency and accuracy may be impeded. • Pupils who have nystagmus may be within this range or subsequent ranges depending on what their visual acuity is at worst. Pupils who have nystagmus have fluctuating vision. Their vision can worsen if they are tired, upset, angry, worried or unwell. It is likely their vision will worsen in unfamiliar places. They may struggle with depth perception and may find unfamiliar steps difficult 	<ul style="list-style-type: none"> • Full inclusion within the Mainstream class • Attention to seating position in classroom • The school must make the QTVI report and vision profile available to all appropriate staff • The school must ensure that all staff are aware that the pupil will be experiencing visually related learning difficulties, and provide support to enable teachers to plan appropriately • The school must monitor pupil progress in this respect <p>LA</p> <ul style="list-style-type: none"> • An initial functional vision assessment from QTVI that will indicate NatSIP criteria and level of need • A QTVI will ascertain what the pupil knows about their visual condition and their visual needs. The QTVI may give input if needed and set targets to enable the pupil to confidently advocate their needs within a range of situations. • The QTVI may use one of the following ways to identify the pupil's social and emotional needs: <ul style="list-style-type: none"> ○ questionnaire 	<ul style="list-style-type: none"> • Additional adults are deployed appropriately to increase pupil success and independence 	<ul style="list-style-type: none"> • Resources e.g. large print text in the optimum size made available from within school • Learning materials must be selected for their clarity 	<ul style="list-style-type: none"> • Quality First Teaching • Full inclusion within mainstream class • Teaching methods which facilitate access to the curriculum, social / emotional development and class participation • School to adapt and modify resources in text into the optimum text size. • ICT is used to increase access to the curriculum, where appropriate • Advice for the school on teaching styles and possible equipment through a report and a one page vision profile • Training from a QTVI will be offered to the school

<p>or be cautious if the ground is uneven. NatSIP range 5-19</p>	<ul style="list-style-type: none">○ observations○ pupil voice● QTVI will carry out visual efficiency assessments to find out how the pupil uses their vision● 1:1 input may be given● Activities may be provided to be delivered by school● QTVI will set targets if needed			
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Range 2	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Moderate visual impairment</p> <ul style="list-style-type: none"> • Pupil finds concentration difficult • Pupil peers or screws up eyes • Pupil moves closer when looking at books or notice boards • Pupil makes frequent “copying” mistakes • Distance vision: approximately 6/24. This means that the pupil needs to be about 1.5 metres away to see what fully sighted pupils can see from 6 metres • Will not be able to see details on a white board from the front of classroom as well as others can see from the back • Pupils will need support to access work displayed on the board through printed copies, an iPad or use of a laptop • Near vision: likely to have difficulty with print sizes smaller than 14 point or equivalent sized details in pictures • This is 14 point • The pupil's optimum text size may range from text size 18-24. The optimum text size is the text size that the pupil can read most fluently and accurately compared to other text sizes. It is important to understand that the pupil may be able to read smaller text, but this may make them visually tired or their reading fluency and accuracy may be impeded. • NatSIP range 20-29 	<ul style="list-style-type: none"> • The school must make the QTVI report and vision profile available to all appropriate staff • The school must ensure that all staff are aware that the pupil will be experiencing visually related learning difficulties, and provide support to enable teachers to plan appropriately • The school must monitor pupil progress in this respect <p>LA</p> <ul style="list-style-type: none"> • An initial assessment from QTVI that will indicate NatSIP criteria and level of need • Possible one to one sessions with pupil for short program to help develop visual efficiency, effective use of low visual aids, use of assistive technology e.g. CCTV or iPad • Advice for the school if required 	<ul style="list-style-type: none"> • Full inclusion within the mainstream class • Attention to seating position in classroom • Teachers to ensure presentations delivered on interactive white boards have a high contrast between the text and background. Any text displayed is in a clear font such as Arial or Comic Sans • There should be no visual clutter displayed • Teachers to ensure pupils can access work displayed on interactive white boards in the method identified by the QTVI e.g. handouts, e-mailing presentations to be accessed on iPad or laptop or by use of mirroring software • Teachers to ensure large amounts of handwritten work on a white board is accessible to the pupil by either providing handouts or use of a camera so the pupil can view what is being written at their desk on an iPad or laptop at the same time as their peers • Teachers to use dark coloured white board pens and avoid light colours or pens which are running out 	<ul style="list-style-type: none"> • Quality First Teaching • Full inclusion within mainstream class • Teaching methods which facilitate access to the curriculum, social / emotional development and class participation • School staff make basic adaptations to curriculum delivery and materials to facilitate access for a pupil who is visually impaired, e.g. oral descriptions of visual materials • ICT is used to increase access to the curriculum, where appropriate 	<ul style="list-style-type: none"> • Additional adults are deployed appropriately to increase pupil success and independence • Resources made available from within school • Learning materials must be selected for their clarity • Equipment may include 2B or 4B pencil, large print ruler, large print protractor, low vision aids • A reading slope or writing slope may be appropriate • Large print materials provided by school, as appropriate • School to adapt and modify resources in text into the optimum text size. • School to provide touch typing interventions as recommended by the QTVI. • <p>LA</p> <ul style="list-style-type: none"> • QTVI to give advice on equipment, IT assessment, touch typing if appropriate • Habilitation/mobility training if required

Range 3	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Moderate to significant visual impairment.</p> <ul style="list-style-type: none"> Pupil will find concentration difficult Pupil will peer or screw up eyes Pupil will move closer when looking at books or notice boards Pupil will make frequent “copying” mistakes Pupil will have poor hand-eye coordination Pupil will have a slow work rate Distance vision: approximately 6/36. This means that the pupil needs to be about 1 metre away to see what fully sighted pupils can see from 6 metres. Will not be able to see details on a white board without approaching to within 1 metre from it Pupils will need support to access work displayed on the board through printed copies, an iPad Pro or use of a laptop Near vision: likely to have difficulty with print sizes smaller than 18 point or equivalent sized details in pictures <p>This is 18 point</p> <ul style="list-style-type: none"> Pupil may also have Cerebral Visual Impairment (CVI) – these pupils have normal or near normal visual acuities but will display moderate to significant visual processing difficulties 	<ul style="list-style-type: none"> The school must make the QTVI report available to all appropriate staff The school must ensure that all staff are aware that the pupil will be experiencing visually related learning difficulties, and provide support to enable teachers to plan appropriately Planning must be based on current visual performance and prognosis of possible changes <p>LA</p> <ul style="list-style-type: none"> The school must monitor pupil progress in this respect An initial assessment from QTVI that will indicate NatSIP criteria and level of need Possible one to one sessions with pupil for short program to help develop effectiveness of vision Advice for the school if required Training for staff 	<ul style="list-style-type: none"> Full inclusion within the mainstream class Some additional group and individual work to meet identified needs and to facilitate learning and inclusion, as appropriate Attention to seating position in classroom 	<ul style="list-style-type: none"> Quality First Teaching Full inclusion within mainstream class Teaching methods which facilitate access to the curriculum, social / emotional development and class participation School staff make adaptations to curriculum delivery to facilitate access for a visually impaired pupil, e.g. oral descriptions of visual materials School staff provide some modification / differentiation of learning materials to facilitate access e.g. attention to speed of lesson delivery and speed of working of VI pupil ICT is used to increase access to the curriculum, where appropriate Copyholder, electronic magnification, laptop as appropriate to meet assessed needs Large print materials provided by school, as appropriate 	<ul style="list-style-type: none"> Additional adults are deployed appropriately to increase pupil success and independence Resources made available from within school Learning materials must be selected for their clarity Equipment may include large print protractor, large print ruler, low vision aids, writing slope, reading slope, CCTV, iPad or laptop as appropriate to meet assessed needs Large print materials provided by school, as appropriate Diagrams, graphs and picture sources modified as needed <p>LA</p> <ul style="list-style-type: none"> Advice from a QTVI on equipment and touch typing if appropriate Advice on providing large print materials QTVI to give advice on providing large print resources, modifying diagrams, graphs and providing captions for picture sources Habilitation /mobility training if required

Pupils within Range 4 will need a time allocation from school staff to prepare resources and to support in class where required. Pupils with VI Primary Need in Range 4 will be funded at Band 4a, unless there are additional needs or circumstances requiring greater support.

Range 4a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Cerebral Visual Impairment (CVI). Range 4a will be those pupils in mainstream with CVI who are experiencing mild, moderate or severe difficulties.</p> <ul style="list-style-type: none"> • CVI must be diagnosed by an ophthalmologist. The pupil will typically have good acuities when tested in familiar situations, but this will vary throughout the day. A key feature of CVI is that vision varies from hour to hour with the pupil's well-being. • All pupils with CVI will have a different set of difficulties which means thorough assessment is essential • The pupil has difficulties associated with dorsal processing stream, ventral processing stream or a combination of both • Dorsal stream difficulties include: <ul style="list-style-type: none"> ○ Difficulties seeing moving objects ○ Difficulties reading ○ Difficulties doing more than one thing at a time (e.g. looking and listening) • Ventral stream difficulties include: <ul style="list-style-type: none"> ○ Inability to recognise familiar faces ○ Difficulties route finding 	<ul style="list-style-type: none"> • The school must make the QTVI report from the VI teacher available to all appropriate staff • The school must ensure that all staff are aware that the pupil will be experiencing visually related learning difficulties, and provide support to enable teachers to plan appropriately • The school must monitor pupil progress in this respect • Planning based on previous visual performance and / or prognosis of possible changes • The school will make a referral for Assessment of SEND and monitor via annual reviews <p>LA</p> <ul style="list-style-type: none"> • Advice and training for staff • Assessment from a QTVI. 	<ul style="list-style-type: none"> • Additional support from a teaching assistant in class and around school, as indicated by assessment, to facilitate inclusive and independent learning, for preparation of resources, and to ensure safety 	<ul style="list-style-type: none"> • Quality First Teaching • Full inclusion within mainstream class • Teaching methods which facilitate access to the curriculum, social / emotional development and class participation • School staff make substantial adaptations to curriculum delivery and materials to facilitate access for a child with CVI • School staff provide modification/differentiation of learning materials to facilitate access e.g. attention to speed of lesson delivery and speed of working of VI pupil • ICT is used to increase access to the curriculum, where appropriate • Significant modification of learning materials and curriculum delivery to facilitate learning and inclusion 	<ul style="list-style-type: none"> • Low vision aids, electronic magnification, laptop with software as appropriate to meet assessed needs • Large print and differentiated materials to meet assessed needs

<ul style="list-style-type: none">○ Difficulties with visual clutter○ Lower visual field loss • This is not an exhaustive list, and difficulties may be mild, moderate or severe				
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Range 4b	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Severe Visual Impairment:</p> <ul style="list-style-type: none"> Pupil likely to be registered partially sighted or blind but still learning by sighted means Distance vision: 6/36 or 6/60 or worse. This means that the pupil can see at 6m what a fully sighted person could see from 60m. It represents a difficulty identifying any distance information, people or objects. This pupil would be unable to work from a white board in the classroom without human/technical support Pupils will need support to access work displayed on the board through printed copies, use of a laptop, iPad, iPad Pro, use of a laptop or specialist equipment to access work displayed on the board. Near vision: likely to have difficulty with any print smaller than 24 point The pupil's optimum text size may range from text size 24-36 and learning materials will require significant differentiation and modification. The optimum text size is the text size the pupil can read most fluently and accurately compared to other text sizes. It is important to understand that the pupil may be able to read smaller text, but this may make them visually tired or their reading fluency and accuracy may be impeded. 	<ul style="list-style-type: none"> The school must make the QTVI report available to all appropriate staff The school must ensure that all staff are aware that the pupil will be experiencing visually related learning difficulties, and provide support to enable teachers to plan appropriately The school must monitor pupil progress in this respect Planning based on previous visual performance and / or prognosis of possible changes The school will make a referral for an EHC Needs Assessment and monitor via annual reviews <p>LA</p> <ul style="list-style-type: none"> An initial assessment from QTVI that will indicate NatSIP criteria and level of need One to one sessions with pupil to help develop effectiveness of vision and support in learning Training and advice for staff working with the pupil QTVI to carry out assessment to assist decision between print and/or Braille QTVI to develop tactile skills including teaching of Braille or moon 	<ul style="list-style-type: none"> Full inclusion within mainstream class Individual and group work, as appropriate, to meet curriculum access and safety needs for individual skills teaching, and to facilitate inclusion and access 	<ul style="list-style-type: none"> Quality First Teaching Teaching methods which facilitate access to the curriculum, social / emotional development and class participation School staff make substantial adaptations to curriculum delivery and materials to facilitate access for a severely visually impaired pupil School staff provide modification/ differentiation of learning materials to facilitate access, e.g. attention to speed of lesson delivery and speed of working of VI pupil ICT is used to increase access to the curriculum, where appropriate Significant modification of learning materials and curriculum delivery to facilitate learning and inclusion 	<ul style="list-style-type: none"> Additional support from a teaching assistant in class and around school, as indicated by assessment, to facilitate inclusive and independent learning, preparation of resources, and to ensure safety Low vision aids Electronic magnification Laptop with software as appropriate to meet assessed needs Large print and differentiated materials to meet assessed needs <p>LA</p> <ul style="list-style-type: none"> QTVI to give advice on IT and touch typing if appropriate Habilitation and mobility training if appropriate Advice from a QTVI on sourcing large and tactile print materials Support and advice from a QTVI on producing tactile materials Support from a QTVI to develop Braille literacy across the curriculum

- Print sizes be a in a range from 24 – 36, and will require significant differentiation and modification

This is 24
point

NatSlp Range 40-49

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Range 5a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>EITHER Pupils who have suffered a late onset visual impairment, or where their vision has deteriorated rapidly. OR Pupils who are born with severe visual impairment, who are identified early on as tactile learners</p> <ul style="list-style-type: none"> Some pupils may be continuing to use print at point 48 Some pupils will be making the transition from print to Braille These pupils will usually be registered blind and learning by tactile methods Some may have little or no useful vision, and very limited or no learning by sighted means <p>48 point</p> <ul style="list-style-type: none"> NatSIP Range 40+. 	<ul style="list-style-type: none"> The school must work with the VI teacher to facilitate assessment and planning across the curriculum The school must make the QTVI report available to all appropriate staff The school must ensure that all staff are aware that the pupil will be experiencing severe visually related learning difficulties, and provide support to enable teachers to plan appropriately Schools must take account of prognosis of possible change Opportunities in place for regular reviews of planning The school must monitor pupil progress in this respect The school will make a referral for Assessment of SEND and monitor via annual reviews <p>LA</p> <ul style="list-style-type: none"> An initial assessment from QTVI that will indicate NatSIP criteria and level of need One to one sessions with pupil to help develop effectiveness of vision and/or tactile learning skills - support in learning Training and advice for staff working with the pupil QTVI to work with pupil on developing tactile skills including teaching of braille or moon Support with transition into the specialist base within school 	<ul style="list-style-type: none"> Mainstream class Individual/dual and group work as appropriate, to meet curriculum access and safety needs, for individual skills teaching, and to facilitate inclusion and access 	<ul style="list-style-type: none"> Quality First Teaching Full inclusion within the mainstream curriculum made accessible for an educationally blind pupil Presentation of learning materials in alternative formats, including braille, tactile diagrams, audio/speech, hands on experiences and use of real objects All school staff must be responsible for providing lesson and curriculum content ahead of the lesson, so it can be produced in an alternative format Teaching methods based on experiential and tactile learning with a strong verbal emphasis, and which facilitate access to the curriculum and class participation Skills teaching as appropriate for an educationally blind pupil: cognitive, language, social/emotional, tactile, mobility, independence, careers School to facilitate attendance and inclusion with VI curriculum, and at sport and leisure activities 	<ul style="list-style-type: none"> VI pupils are on roll of school, and have access to the whole school community Additional support from a teaching assistant in class and around school as indicated by assessment, to: <ul style="list-style-type: none"> facilitate inclusive and independent learning provide in-class support prepare specialist / tactile resources follow up habilitation training recap and consolidate braille teaching as directed by the QTVI Day to day ICT for the pupil and for staff to produce Braille and other tactile resources School to provide braille and other tactile learning materials <p>LA</p> <ul style="list-style-type: none"> Advice on IT and touch typing if appropriate Habilitation and mobility training if appropriate Advice on sourcing large print or tactile materials Support and advice from a QTVI on producing tactile materials

Range 6a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Pupils with severe learning difficulties as a primary need, and who are blind or partially sighted, or have a diagnosis of CVI, as a secondary need.</p> <ul style="list-style-type: none"> Distance vision: difficulty identifying any distance information Near vision: will have difficulty responding to facial expressions at 50 cm <p>NatSIP 50+</p>	<ul style="list-style-type: none"> The school must make the report available to all the appropriate staff School must ensure that all staff are aware of strategies, interventions and resources School must monitor pupil progress <p>LA</p> <ul style="list-style-type: none"> Advice and training for the staff 	<ul style="list-style-type: none"> Special school class Small group teaching 	<ul style="list-style-type: none"> Special school curriculum, with multi-sensory approach 	<ul style="list-style-type: none"> School must provide teaching assistant support for on-going visual assessments and interventions Access to multi-sensory equipment, e.g. sensory pool, trampoline, light room

Guidance for Children and Young People with Dual Sensory Impairment*

**Dual sensory impairment may also be referred to as multi-sensory impairment or deaf blindness*

Dual Sensory Impairment Guidance	
Range Descriptors Overview	
Range 3	<ul style="list-style-type: none"> MILD loss in both and making good use of at least one modality May have hearing aids and/or LVAs Non-progressive condition May have a slower pace of working but has good compensatory strategies May have some difficulty with listening, attention and concentration but language and communication largely matches potential given appropriate support Low level of support needed to manage equipment and aids May have additional learning needs Have Auditory Processing Disorder/Auditory Neuropathy/Cerebral Visual Impairment
Range 4	<ul style="list-style-type: none"> MODERATE loss in one modality and MILD/MODERATE in the other May have hearing aids and/or LVAs Non-progressive condition May have additional language/learning needs associated with dual sensory impairment Likely to have difficulties accessing incidental learning, including signed and verbal communication May have a slower pace of learning, difficulties with attention, concentration and the development of independence and social skills May have additional learning needs Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment
Range 5	<ul style="list-style-type: none"> SEVERE/PROFOUND loss in one modality and MODERATE in the other or has a late diagnosed or recently acquired MSI Uses hearing aids and/or LVAs Non-progressive condition May have delayed development in some areas of learning and difficulties generalising learning and transferring skills May have difficulties coping with new experiences and have underdeveloped independence and self-help skills

	<ul style="list-style-type: none"> • Likely to have communication difficulties • Significant difficulties accessing incidental learning and the curriculum • Likely to require some individual support to access learning and social interactions and to develop life-skills • Likely to require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication • Significant difficulties with attention, concentration, confidence and class participation • Significantly slower pace of learning • May have additional learning needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment
<p>Range 6</p>	<ul style="list-style-type: none"> • PROFOUND/SEVERE loss in one modality and MODERATE/SEVERE in the other and/or progressive condition • Likely to use hearing aids and/or LVAs • Severe communication difficulties requiring an individual communication system using alternative and augmentative approaches • May require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication • May have severe difficulties generalising learning and transferring skills • Difficulties coping with new experiences • May have underdeveloped independence and self-help skills • May have difficulties developing relationships and lack social awareness leading to social isolation • Likely to require a high level of individual support to access learning and social opportunities and to develop life-skills • May display challenging and/or self-injurious behaviour • May have additional learning needs • May have limited clinical assessment information because of additional complex educational needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment
<p>Range 7</p>	<ul style="list-style-type: none"> • PROFOUND/SEVERE loss in both modalities • Likely to use hearing aids and/or LVAs • Severe and complex communication difficulties requiring an individual communication system using alternative and augmentative approaches • Severely restricted access to incidental learning • May require a tactile and experiential approach to learning and individual curriculum and/or access to visual or tactile signed communication

	<ul style="list-style-type: none">• May require individual support with most aspects of basic care needs and to access learning and social opportunities• May lack the strategies and motivation to make effective use of residual hearing and vision and require sensory stimulation programmes• May be tactile defensive/selective and highly wary of new experiences• May have difficulties developing relationships and lack social awareness leading to social isolation• May display challenging and/or self-injurious behaviour• May have additional learning needs• May have limited clinical assessment information because of additional complex educational needs• Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment
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Range 3	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>MILD loss in both and making good use of at least one modality.</p> <ul style="list-style-type: none"> • May have hearing aids and/or LVAs • Non-progressive condition • May have a slower pace of working but has good compensatory strategies • May have some difficulty with listening, attention and concentration but language and communication largely matches potential given appropriate support • Low level of support needed to manage equipment and aids • May have additional learning needs • May have Auditory Processing Disorder/Auditory Neuropathy/ Cerebral Visual Impairment 	<ul style="list-style-type: none"> • Part of school and class assessment • Requires modification to presentation of assessment • Curriculum plan reflects levels of achievement and includes individually focused support plan targets 	<ul style="list-style-type: none"> • Mainstream class • Attention to seating, lighting, visual environment and acoustics • Opportunities for 1:1 and small group work 	<ul style="list-style-type: none"> • Full inclusion within National Curriculum • Teaching methods which facilitate access to the curriculum, social/emotional development and class participation • Opportunities for explanation, clarification and reinforcement of lesson content and language 	<ul style="list-style-type: none"> • Main provision by class/subject teacher • Additional adults are deployed appropriately to ensure pupil access • Appropriate learning materials made available from within school including low vision aids and electronic magnification

Range 4a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>MODERATE loss in one modality and MILD/MODERATE in the other.</p> <ul style="list-style-type: none"> • Have hearing aids and/or LVAs • Non-progressive condition • Have additional language/learning needs associated with dual sensory impairment • Likely to have difficulties accessing incidental learning, including signed and verbal communication • Have a slower pace of learning, difficulties with attention, concentration and the development of independence and social skills • Have additional learning needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment 	<ul style="list-style-type: none"> • Planning and assessment modified to take into account the sensory needs of the pupil • Information and advice is shared with all appropriate staff • Support plan targets are specific and incorporate advice from QTMSI 	<ul style="list-style-type: none"> • Flexible class groupings with frequent opportunities for small group and 1:1 work in a quiet environment • Particular attention to seating, lighting, visual environment and acoustics 	<ul style="list-style-type: none"> • Adaptations to curriculum delivery to ensure access to the curriculum, social/emotional development and class participation • Additional time to experience new activities, complete work, preview and review lessons 	<ul style="list-style-type: none"> • Additional targeted support for explanation, clarification and reinforcement and to accommodate slower pace of learning • Access to a quiet room for small group and 1:1 sessions • Appropriate learning materials including low vision aids and electronic magnification

Range 5a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ intervention	Resources staffing
<p>PROFOUND/SEVERE loss in one modality and MODERATE in the other or has a late diagnosed or recently acquired MSI.</p> <ul style="list-style-type: none"> • Uses hearing aids and/or LVAs • Non-progressive condition • May have delayed development in some areas of learning and difficulties generalising learning and transferring skills • May have difficulties coping with new experiences and have underdeveloped independence and self-help skills • Likely to have communication difficulties • Significant difficulties accessing incidental learning and the curriculum • Significant difficulties with attention, concentration, confidence and class participation • Likely to require some individual support to access learning and social interactions and to develop life skills • Likely to require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication • Significantly slower pace of learning • May have additional learning needs 	<ul style="list-style-type: none"> • Planning and assessment modified to take into account the sensory needs of the pupil • Information and advice is shared with all appropriate staff • EHCP targets are specific and incorporate advice from QTMSI 	<ul style="list-style-type: none"> • Daily opportunities for small group work and individual support to ensure access to new experiences and afford opportunities to complete work, preview and review lessons 	<ul style="list-style-type: none"> • Significant modification to learning materials and curriculum delivery • Individual mobility and independence/life skills programmes • Additional time to experience new activities, complete work, preview and review lessons 	<ul style="list-style-type: none"> • Daily access to individual support, trained to meet the needs of pupils with MSI • Input from other educational and non-educational professionals as appropriate • Need for balanced approach to support and intervention to facilitate social inclusion <p>As appropriate to assessed needs:</p> <ul style="list-style-type: none"> • Adapted equipment to meet specialised MSI needs • Access to a quiet room for small group and 1:1 sessions • Low vision aids, electronic magnification, laptop with software, large print materials

<ul style="list-style-type: none">• May have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment				
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Range 6a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>PROFOUND/SEVERE loss in one modality and MODERATE/SEVERE in the other and/or progressive condition.</p> <ul style="list-style-type: none"> • Likely to use hearing aids and/or LVAs • Severe communication difficulties requiring an individual communication system using alternative and augmentative approaches • May require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication • May have severe difficulties generalising learning and transferring skills • Difficulties coping with new experiences • May have underdeveloped independence and self-help skills • May have difficulties developing relationships and lack social awareness leading to social isolation • Likely to require a high level of individual support to access learning and social opportunities and to develop life skills • May display challenging and/or self-injurious behaviour 	<ul style="list-style-type: none"> • Planning and assessment appropriate to the needs of a student with severe dual sensory impairment • Information and advice is shared with all appropriate staff • EHCP targets are specific and incorporate advice from QTMSI 	<ul style="list-style-type: none"> • High level of individual support within small class groupings 	<ul style="list-style-type: none"> • Individual curriculum to facilitate learning through tactile and experiential approaches and using alternative or augmentative communication systems • Individual programmes to facilitate the development of communication, compensatory, independent living, mobility and social skills 	<ul style="list-style-type: none"> • Individual support, trained to meet the needs of pupils with MSI • Access to a qualified/experienced Deafblind Intervenor <p>Need for balanced approach to support and intervention to facilitate social inclusion</p> <p>As appropriate:</p> <ul style="list-style-type: none"> • Adapted equipment to meet specialised MSI needs • Access to a quiet room for small group and 1:1 sessions • Tactile resources • Materials to support development of alternative communication systems • Sensory stimulation resources

<ul style="list-style-type: none">• May have additional learning needs• May have limited clinical assessment information because of additional complex educational needs• May have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment				
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Range 7	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>PROFOUND/SEVERE loss in both modalities.</p> <ul style="list-style-type: none"> • Likely to use hearing aids and/or LVAs • Severe and complex communication difficulties requiring an individual communication system using alternative and augmentative approaches • Severely restricted access to incidental learning • May require a tactile and experiential approach to learning and individual curriculum and/or access to visual or tactile signed communication • May require individual support with most aspects of basic care needs and to access learning and social opportunities • May lack the strategies and motivation to make effective use of residual hearing and vision and require sensory stimulation programmes • May be tactile defensive/ selective and highly wary of new experiences • May have difficulties developing relationships and lack social awareness leading to social isolation • May display challenging and/or self-injurious behaviour 	<ul style="list-style-type: none"> • Individual planning and assessment appropriate to the needs of a student with severe dual sensory impairment • Information and advice is shared with all appropriate staff • EHCP targets are specific and incorporate advice from specialist staff 	<ul style="list-style-type: none"> • Individual support within small class groupings 	<ul style="list-style-type: none"> • Individual curriculum to facilitate learning through sensory and experiential approaches and using alternative or augmentative communication systems • Individual sensory stimulation programmes • Individual programmes to facilitate the development of communication, compensatory, independent living, mobility and social skills 	<ul style="list-style-type: none"> • Individual support from a qualified/experienced Deafblind Intervenor as required • Need for balanced approach to support and intervention to facilitate social inclusion <p>As appropriate:</p> <ul style="list-style-type: none"> • Adapted equipment to meet specialised MSI needs • Access to a quiet room for small group and 1:1 sessions • Tactile resources • Materials to support development of alternative communication systems • Sensory stimulation resources

<ul style="list-style-type: none">• May have additional learning needs• May have limited clinical assessment information because of additional complex educational needs• May have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment				
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Physical/Medical Guidance	
Range Descriptors Overview	
<p>Range 1 Mild</p>	<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 • May have continence/ toileting issues • Possible low levels of self-esteem • May have medical condition that impacts on time in school and requires a medical care plan <p>The NHS notes:</p> <ul style="list-style-type: none"> • <i>An occupational therapist may see children at any range due to an open referral system</i> • <i>It would be anticipated that schools would usually be able to implement first line strategies at this point, based on advice and strategies given in training packages delivered by Occupational Therapy and availability of drop-in sessions/telephone consultations</i> • <i>Physio may intervene with children who have mild physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes</i>
<p>Range 2 Mild - Moderate</p>	<ul style="list-style-type: none"> • Continuing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills and recording, impacting on access to curriculum • Making slow or little progress despite provision of targeted teaching approaches • Continuing difficulties with continence/ toileting • 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 • May have medical condition that impacts on time in school and requires a medical care plan <p>The NHS notes:</p> <ul style="list-style-type: none"> • <i>An occupational therapist may see children at any range due to an open referral system</i> • <i>It would be anticipated that schools would usually be able to implement first line strategies at this point, based on advice and strategies given in training packages delivered by Occupational Therapy and availability of drop-in sessions/advice/telephone consultations</i> • <i>Physio may intervene with children who have mild-moderate physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes</i>

<p>Range 3 Moderate</p>	<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 • May need specialist input to comply with health and safety legislation; e.g. to access learning in the classroom, for personal care needs, at break and lunch times • Increased dependence on seating to promote appropriate posture for fine motor activities/feeding • Increased dependence on mobility aids i.e. wheelchair or walking aid • Increased use of alternative methods for extended recording e.g. scribe, ICT • May have medical condition that impacts on time in school and requires a medical care plan <p>The NHS notes:</p> <ul style="list-style-type: none"> • <i>An occupational therapist may see children at any range due to an open referral system – episodes of care will be implemented regardless of range</i> • <i>It would be anticipated that schools would make a referral to OT if first line strategies, advice and programmes have been trialled and evidenced but achievement is limited</i> • <i>These children may form the basis of targeted assessment – assessment and advice to home and school with programme/strategies to follow</i> • <i>Physio needs would be based on assessment on a case by case basis – if a child is at the level when they need a walking aid/wheelchair they will already be known to Physio</i>
<p>Range 4a Significant</p>	<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 may be through a combination of physical, communication and learning difficulties • Significant and persistent difficulties in mobility around the building and in the classroom • Significant personal care needs which require adult support and access to a hygiene suite • May have developmental delay and/or learning difficulties which impact upon access to curriculum • Will require or will have an Education, Health and Care Plan • Primary need is identified as physical/medical <p>The NHS notes:</p> <ul style="list-style-type: none"> • <i>OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition</i> • <i>Children in this category may require specialist equipment via physio/OT services</i> • <i>Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases</i>

Range 4b	<ul style="list-style-type: none"> • Severe physical difficulties and/or a medical condition with or without associated learning difficulties • Impaired progress and attainment • Persistent difficulties in mobility around the building and in the classroom • Severe physical difficulties or a medical condition that requires access to assistive technology to support communication, understanding and learning • A need for high level support for all personal care, mobility, daily routines and learning needs • Will need an Education, Health and Care Plan • Primary need is identified as physical/medical • Physical conditions that require medical/therapy/respite intervention and support • The need for an environment to support self-esteem and positive self-image • A developing neuro-muscular degenerative condition or traumatic incident resulting in brain or physical injury <p>The NHS notes:</p> <ul style="list-style-type: none"> • <i>OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition</i> • <i>Children in this category may require specialist equipment via physio/OT services</i> • <i>Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases</i>
Range 5 Severe	<ul style="list-style-type: none"> • A level of independent mobility or self-care that restricts/prevents an alternative mainstream placement • An inability to make progress within the curriculum without the use of specialist materials, aids, equipment and high level of adult support throughout the school day • Furniture and/or extensive adaptations to the physical environment of the school • Difficulties in making and sustaining peer relationships leading to concerns about social isolation, the risk of bullying and growing frustration • Emotional and/or some behavioural difficulties including periods of withdrawal, disaffection and reluctance to attend school • A requirement that health care inputs and therapies be intensive and on a regular basis • Given appropriate facilities is nevertheless unable to independently manage personal and/or health care during the school day and requires regular direct intervention • Is an Augmentative Alternative Communication (AAC) user • Has a degenerative condition which impacts on independence <p>The NHS notes:</p> <ul style="list-style-type: none"> • <i>OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition</i>

	<ul style="list-style-type: none"> • <i>Children in this category may require specialist equipment via physio/OT services</i> • <i>Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases</i> • <i>A child with a degenerative condition may not require to be in this range simply as a result of diagnosis, e.g Duchenne Muscular Dystrophy children remain quite independent through most of their childhood years and may only require a lower range</i>
<p>Range 6a Profound</p>	<p>A permanent, severe and/or complex physical disability or serious medical condition.</p> <p>The pupil will present with many of the following:</p> <ul style="list-style-type: none"> • The associated severe and complex learning difficulties impact on their ability to make progress within the curriculum despite the use of specialist materials, aids, equipment, furniture and/or extensive adaptations to the physical environment of the school • Difficulties in making and sustaining peer relationships leading to concerns about social isolation and vulnerability within the setting and wider environment • Emotional and/or behavioural difficulties including regular periods of withdrawal, disaffection and ongoing reluctance to attend school • A requirement that health care inputs and therapies be intensive and on a daily basis • Given appropriate facilities is nevertheless unable to manage personal and/or health care during the school day and requires a high level of direct intervention • Has a complex medical need requiring frequent monitoring and medical intervention throughout the school day • Has a significant additional condition such as HI/VI/MSI which gives rise to the complexity of need • Is an Augmentative Alternative Communication (AAC) user • Has a degenerative condition • May have intervention from Occupational Therapist/ Physiotherapist • May require specialist equipment via physiotherapist/ Occupational Therapist <p>The NHS notes:</p> <ul style="list-style-type: none"> • <i>OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition</i> • <i>Children in this category may require specialist equipment via physio/OT services</i> • <i>Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases</i> <p><i>A child with a degenerative condition may not require to be in this range simply as a result of diagnosis, e.g Duchenne Muscular Dystrophy children remain quite independent through most of their childhood years and may only require a lower range</i></p>

6b	<ul style="list-style-type: none"> • Child or young person has an intellectual disability, but with some ability to communicate their needs • Some difficulties communicating, often requiring those who know them well to interpret their responses or intent • May have other additional, disabling conditions such as: • Physical disabilities that limit or restrict mobility will be evident • There may be sensory impairments • Sensory processing difficulties may be evident • There will be complex health needs, (e.g epilepsy, respiratory problems, dysphagia, eating and drinking problems) • Coping behaviours linked to their communication difficulties which may present as challenging • Mental health difficulties that may or not be linked to the issues with communication and expression. • Needs are pervasive and the child or young person will require ongoing support throughout their life. • There MUST be a focus on supported transition to adult social care at the completion of the educational element of care. <p>The NHS notes:</p> <ul style="list-style-type: none"> • <i>OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition</i> • <i>Children in this category will require specialist equipment via physio/OT services</i> • <i>Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases</i>
6c	<ul style="list-style-type: none"> • Child or young person has a profound intellectual disability • Extreme difficulty communicating, often requiring those who know them well to interpret their responses or intent • Will have other additional, disabling conditions such as: • Physical disabilities that limit or restrict mobility • Sensory impairments are evident • Sensory processing difficulties affect access to certain environments • Complex health needs, (e.g epilepsy, respiratory problems, dysphagia, eating and drinking problems) which will need lifelong care beyond education • Coping behaviours linked to their communication difficulties which present as challenging • Mental health difficulties that may or not be linked to the issues with communication and expression. • Needs are pervasive and the child or young person will require ongoing support throughout their life.

- There **MUST** be a focus on supported transition to adult social care at the completion of the educational element of care.

The NHS notes:

- *OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition*
- *Children in this category **will** require specialist equipment via physio/OT services*
- *Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases*

(Reference: 'Supporting people with profound and multiple learning disabilities – Core and Essential Service Standards')
Commissioned by a collective of advocates for people with profound and multiple learning disabilities.

Range 1	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>A mild physical disability or medical condition. The pupil will present with many of the following:</p> <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 May have continence/toileting issues Possible low levels of self-esteem A medical condition that impacts on time in school and requires a medical care plan <p>NC Level Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<p>Assessment</p> <ul style="list-style-type: none"> Part of continual school and class assessment Monitoring of developmental goals in line with National Curriculum SENCO awareness if no progress apparent after targeted teaching approach Risk assessment carried out if necessary by school, with referral to risk assessment guidance Referral to school nurse to check hearing, sight or for possible medical condition <p>Planning</p> <ul style="list-style-type: none"> Range 1 universal provision Normal curriculum planning including group or individual targets Care plan in place, if appropriate, written with specialist nurse/ school nurse Involve parents regularly to support targets at home Pupils involved in monitoring and setting targets 	<ul style="list-style-type: none"> Mainstream class with occasional additional individual or small group support Attention to positioning in classroom First line strategies, based on advice and strategies given in training packages delivered by OT and via drop-in sessions / telephone consultations with health professionals 	<ul style="list-style-type: none"> Quality First Teaching Follow school handwriting scheme with slight modifications Refer to LINS Team information on the website on adapted equipment/aids if necessary Some differentiation to PE curriculum if appropriate Access to appropriate ICT provision i.e. accessibility options on Windows Staff awareness training of relevant medical conditions on a 'need to know' basis 	<ul style="list-style-type: none"> Flexible use of resources and staffing available in the classroom to assist with recording work, accessing text, pre-teaching vocabulary, modifying teacher talk, modelling responses, focusing listening and attention Main provision by class subject teacher with some age appropriate programmes delivered one to one or in small groups Input needed from health professionals via SENCO e.g. specialist nurse/ school nurse OT may see children at any range due to open referral system Physio may intervene with children who have mild physical issues to prevent further deterioration/reduce impact of condition / early intervention to achieve more successful outcomes <p>Resources/Provision</p> <ul style="list-style-type: none"> Differentiated writing materials and equipment Non-slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope, cutlery Provide supportive / correctly sized standard school chair & table - this should be available to children in range 1 to support their postural stability i.e. a chair and table surface that fit the child – feet supported, table at the correct height etc.

Range 2	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>A mild - moderate physical disability or medical condition. The pupil will present with many of the following:</p> <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 Continuing difficulties with continence/ toileting 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 <p>NC Level Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<p>Assessment</p> <ul style="list-style-type: none"> As for range one but SENCO to be involved in more specific assessments and observations SENCO may seek advice from health professionals SENCO involvement if no progress apparent after targeted teaching approach <p>Planning</p> <ul style="list-style-type: none"> Range 1 universal provision Normal curriculum planning including group or individual targets Care plan in place, if appropriate, written with specialist nurse/ school nurse Alternative ways of recording to minimise handwriting Involve parents regularly to support targets at home Pupil involved in monitoring and setting targets 	<ul style="list-style-type: none"> As above but will be working on modified curriculum tasks Small group or one to one adult input to practice skills Buddy system Attention to position in classroom First line strategies, based on advice and strategies given in training packages delivered by OT and via drop-in sessions / telephone consultations with health professionals 	<ul style="list-style-type: none"> Quality First Teaching Follow school handwriting scheme with further modifications and extra time for reinforcement Some differentiation to PE curriculum Opportunities to practice dressing and undressing skills Access to appropriate ICT provision 	<ul style="list-style-type: none"> Main provision from class teacher or subject specialist with support from SENCO Occasional input from additional adult to provide targeted support under the direction of teacher Minimal support/ supervision may be needed to meet hygiene needs and/or to support outside play and lunch time Advice to be sought from Health Professionals e.g. Physiotherapist, Occupational Therapist OT may see children at any range due to open referral system Physio may intervene with children who have mild - moderate physical issues to prevent further deterioration / reduce impact of condition / early intervention to achieve more successful outcomes Staff awareness training of relevant medical conditions on a 'need to know' basis <p>Resources/Provision</p> <ul style="list-style-type: none"> Differentiated writing materials and equipment Non-slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope cutlery.

Range 3	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>A moderate physical disability or medical condition. The pupil will present with many of the following:</p> <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 seating to promote appropriate posture for fine motor activities / feeding Increased dependence on mobility aids i.e. wheelchair or walking aid Increased use of alternative methods for extended recording e.g. scribe, ICT <p>NC Level Depending on the identified nature of the difficulty, their NC level range may vary between 'well above average' to 'well below average'.</p>	<p>Assessment</p> <ul style="list-style-type: none"> SENCO seeks advice from LINS Team and health care professionals in order to discuss next steps Need handwriting/ fine motor advice from OT Personal care and manual handling assessment in conjunction with LINS Team, Occupational Therapy, Physiotherapy and Health Professionals <p>Planning</p> <ul style="list-style-type: none"> Range 1 universal provision Normal curriculum planning including group or individual targets Care plan in place, if appropriate, written with specialist nurse/ school nurse Alternative ways of recording to minimise handwriting Individual targets on support plan following advice from LINS Team /OT and health professionals Modified planning for PE/outdoor play curriculum is likely to be needed Involve parents regularly to support targets at home Pupils involved in monitoring and setting targets 	<ul style="list-style-type: none"> Mainstream classroom setting Small group or one to one adult input to practice skills Individual skills-based work may need to take place Nurture group input may be necessary to help with low self-esteem Buddy system Attention to position in classroom 	<p>Need the following:</p> <ul style="list-style-type: none"> Quality First Teaching Programme to support the development of handwriting skills as advised by Occupational Therapy Differentiated writing materials and equipment A programme to develop fine motor skills Further differentiation to PE curriculum in conjunction with Physiotherapy (Physio needs would be based on assessment on a case by case basis) Dressing and undressing skills programme in conjunction with Occupational Therapy More dependence on appropriate ICT for recording Schools would make referral to OT if first line strategies / advice and programmes have been trialed and evidenced but achievement is limited These children may form the basis of targeted assessment – assessment and advice to home and school with programme / strategies to follow 	<ul style="list-style-type: none"> Main provision from class teacher or subject specialist with support from SENCO and/or LINS Team Flexible use of classroom support to access curriculum and develop skills in recording up to 16.5h/ week Occupational therapist may see children at any range due to open referral system – episodes of care will be implemented regardless of range <p>Resources/Provision</p> <ul style="list-style-type: none"> ICT equipment to aid recording Furniture and equipment assessed jointly by LINS Team and Occupational Therapy Adapted site may be necessary to physically access the building Hygiene / medical room may be necessary May need specialist low tech seating and/ or furniture and equipment

Range 4a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>A significant physical disability or medical condition. The pupil will present with many of the following:</p> <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, through a combination of physical, communication and learning difficulties • Significant and persistent difficulties in mobility around the building and in the classroom • Significant personal care needs which require adult support and access to a hygiene suite • Developmental delay and/or learning difficulties which impact upon access to curriculum • Will require a EHC Needs assessment or will have an Education, Health and Care Plan • Primary need is identified as physical / medical • Significant physical/medical difficulties affect access to many parts of the curriculum but performance on non-physical based tasks may be age appropriate • Where there is a diagnosis of a physical disability or medical condition, the pupil's academic potential should not be underestimated 	<p>Assessment</p> <ul style="list-style-type: none"> • SENCO and specialists continually monitor and evaluate the need for the increased intensity of input from Speech and Language, Occupational Therapy, Physiotherapy as appropriate • Personal care assessment • Manual handling assessment <p>Planning</p> <ul style="list-style-type: none"> • Range 1 universal provision • Modified curriculum in some or all areas • Care plan in place, if appropriate, written with specialist nurse/ school nurse • Involve parents regularly to support targets at home • Pupils involved in monitoring and setting targets • Alternative ways of recording to minimise handwriting • Individual targets on support plan following advice from OT and health professionals • Modified planning for PE/outdoor play curriculum is likely to be needed • Interventions should be incorporated across all activities throughout the school day 	<ul style="list-style-type: none"> • Mainstream classroom setting • Individual skills-based work needs to take place • Small group or one to one adult input to practice skills as advised by LINS Team /OT • Nurture group input will be necessary to help with low self-esteem • Physiotherapy/ Occupational Therapy programme to be done in school • Attention to position in classroom • Buddy system • Specialist speech and language sessions (via health professionals) 	<p>Will need one or more of the following:</p> <ul style="list-style-type: none"> • Programme to support the development of handwriting/ fine motor skills • Access to appropriate ICT for recording purposes • Differentiated writing materials and equipment • Differentiation to PE curriculum • Dressing and undressing skills programme 	<ul style="list-style-type: none"> • Will need 1:1 support to access aspects of the curriculum and to develop skills in recording of between 16.5 h/ week to 27h/ week • May need individual adult support for mobility and personal care needs as advised by LINS Team / Occupational Therapy, Physiotherapy and Healthcare Professionals • OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition • Children in this category may require specialist equipment via physio / OT services <p>Resources/Provision</p> <ul style="list-style-type: none"> • ICT equipment to aid recording • Specialist seating, furniture and equipment can be applied for under the Specialist Equipment Policy Process • Physio needs would be based on assessment on a case by case basis. • Adapted site will be necessary to physically access the building • Hygiene room/facilities • Accessibility of the whole school site, with facilities and practices that maintain the dignity of each pupil • Site adaptations to be considered in consultation with the Local Authority

Range 4b	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>A significant physical disability or medical condition. The pupil will present with many of the following:</p> <ul style="list-style-type: none"> • Severe physical difficulties and/or a medical condition with or without associated learning difficulties • Impaired progress and attainment • Persistent difficulties in mobility around the building and in the classroom • Severe physical difficulties or a medical condition that requires access to assistive technology to support communication, understanding and learning • The need for high level support for all personal care, mobility, daily routines and learning needs • Will need an Education, Health and Care Plan • Primary need is identified as physical/medical • Physical conditions that require medical/therapy/respice intervention and support • The need for an environment to support self-esteem and positive self-image • A developing neuro-muscular degenerative condition or traumatic incident resulting in brain or physical injury <p>NC Level Significant physical/medical difficulties affect access to many parts of the curriculum but performance on non-</p>	<p>Assessment</p> <ul style="list-style-type: none"> • SENCO and specialists continually monitor and evaluate the need for the increased intensity of input from Speech and Language, Occupational Therapy, Physiotherapy • Personal care assessment • Manual handling assessment <p>Planning</p> <ul style="list-style-type: none"> • Range 1 universal provision • Modified curriculum in some or all areas • Care plan in place, if appropriate, written with specialist nurse/ school nurse • Involve parents regularly to support targets at home • Pupils involved in monitoring and setting targets • Alternative ways of recording to minimise handwriting • Modified planning for PE/outdoor play curriculum is likely to be needed • Interventions should be incorporated across all activities throughout the school day 	<ul style="list-style-type: none"> • Will be attending a suitably equipped mainstream school, Designated Special Provision or special school 	<p>Will need some or all of the following:</p> <ul style="list-style-type: none"> • Programme to support the development of physical (fine and gross motor) skills • Differentiated writing materials and equipment • Differentiation to PE curriculum • Independent life skills programmes 	<ul style="list-style-type: none"> • Will need 1:1 support to access aspects of the curriculum and to develop skills in recording of between 27.5h/ week to 35+h/ week • May need individual adult support for mobility and personal care needs as advised by LINS Team /OT and Healthcare Professionals • Individual and small group teaching as appropriate, carefully organised to ensure full access to the curriculum, which includes life and communication skills • Access to specialist resources including specific teaching programmes and systems • These might include appropriate technological aids, ICT programmes, AAC or an amanuensis to aid independent learning and assist communication, recording skills etc. • Specialist seating, furniture and equipment up to £1000 – Please see Darlington’s Specialist Equipment Policy. • Accessibility of the whole school site, with facilities and practices that maintain the dignity of each pupil • Access to specialist resources to meet the personal care and mobility needs of each pupil • Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers • Site adaptations to be considered in consultation with the Local Authority • A suitably equipped room(s) in which therapies can be carried out with appropriate hoisting facilities, therapy

<p>physical based tasks may be age appropriate.</p> <p>Where there is a diagnosis of a physical disability or medical condition, the individual's academic potential should not be underestimated.</p>				<p>bench, parallel bars and height adjustable writing table</p> <ul style="list-style-type: none"> • A time out area for rest periods where pupils can spend time out of their wheelchairs, for example, away from other activities whilst having regard for their dignity • An equipment room where specialist resources such as seating, standing frames, walkers, physiotherapy equipment can be stored • The facility to recharge powered wheelchairs and mobile hoists when necessary • Some pupils are likely to require specialist support in communication and recording with an emphasis on developing pupils independent use of ICT, recording skills and communication through AAC as appropriate • The range of resources should be reviewed at the annual planning meeting to ensure consistency and transparency as well as ensuring that schools have the appropriate specialist resources to meet the needs of pupils
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Range 5a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>A permanent, severe and/or complex physical disability or serious medical condition. The pupil will present with many of the following:</p> <ul style="list-style-type: none"> • A level of mobility or self-care that restricts/prevents an alternative mainstream placement • An inability to make progress within the curriculum without the use of specialist materials, aids, equipment and high level of adult support throughout the school day • Furniture and/or extensive adaptations to the physical environment of the school • Difficulties in making and sustaining peer relationships leading to concerns about social isolation, the risk of bullying and growing frustration • Emotional and/or some behavioural difficulties including periods of withdrawal, disaffection and reluctance to attend school • A requirement that health care inputs and therapies be intensive and on a regular basis • Given appropriate facilities is nevertheless unable to independently manage personal and/or health care during the school day and 	<p>Assessment</p> <ul style="list-style-type: none"> • Formal assessment will have taken place or be in process • Detailed PIVATS or similar assessments used to inform planning • The assessment of physical, sensory / medical and learning needs to inform the planning process, including moving and handling and therapy programmes • Risk assessments for: moving and handling, egress, movement around school and school trips <p>Planning</p> <ul style="list-style-type: none"> • Curriculum planning closely tracks levels of achievement and incorporates individual targets, self-help and therapy programmes • Targets are individualised, short term, specific and regularly reviewed • Curriculum planning takes into account routine daily welfare and behaviour needs • Individual care plan/ protocol to be in place • Behaviour care plans in place if appropriate • Plans in place for egress, moving and handling 	<ul style="list-style-type: none"> • Small group teaching in a specialist provision for whole school day • Have specialist speech and language sessions • Grouping for access to a total communication environment • Will be attending a specialist provision in mainstream or a special school 	<p>Will need some or all of the following:</p> <ul style="list-style-type: none"> • Curriculum access will be facilitated using a structured approach which will take account of <ul style="list-style-type: none"> ○ Individual learning styles ○ Personalisation to pupil needs ○ Small steps approach within the context of an appropriate sensory experiential curriculum • Curriculum delivered at a pace that allows pupils time to assimilate information and then to respond appropriately • Constant reinforcement and generalisation of skills is an essential priority • Communication skills are an essential priority with the use of total communication environment to facilitate access to the curriculum e.g. PECS, Makaton, objects of reference, situational and sensory clues, simple voice output devices (Big Macs) • Use of adapted teaching resources and materials to support teaching and learning for those with sensory, physical and medical needs • Specialist learning environment that supports pupils need to accept and develop pre-requisite skills required to access communication and learning 	<ul style="list-style-type: none"> • Individual specialist support for mobility and personal care needs • High staffing ratio with specialist teaching and specialist non-teaching support to facilitate pupil access to the curriculum • Staff trained and 'signed off' in medical / physical interventions and strategies as appropriate • Access to regular nursing support and advice • Access to specialist services e.g. educational psychologists, SEN services and health professionals • OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition • Staff trained in the use of a range of specialist ICT and AAC equipment and software to support access to learning • Access to specialist resources including specific teaching programmes and systems e.g. technological aids, ICT programmes, AAC • Specialist seating, furniture and equipment • Accessibility of the whole school site, with facilities and practices that maintain the dignity of each pupil and staff member • Access to specialist resources to meet the personal care and mobility needs of each pupil • Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers

<p>requires regular direct intervention</p> <ul style="list-style-type: none"> • Is an Augmentative Alternative Communication (AAC) user • Has a degenerative condition <p>NC Level Attainment levels will range from P scales in Primary to NC levels in Secondary.</p>	<ul style="list-style-type: none"> • Parents involved regularly and support targets at home • Pupils involved in monitoring and setting targets as much as possible 			<ul style="list-style-type: none"> • A suitably equipped room(s) in which therapies can be carried out including therapy bench and hoist • A time out area for rest periods where pupils can spend time out of their wheelchairs, for example, away from other activities whilst having regard for their dignity • An equipment room where specialist resources such as seating, wheelchairs, walkers, physiotherapy equipment can be stored • The facility to recharge powered wheelchairs and mobile hoists when necessary • Will have access to specialist hydrotherapy sessions • Will have access to sensory room
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Range 6a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>A permanent, severe and/or complex physical disability or serious medical condition. The pupil will present with many of the following:</p> <ul style="list-style-type: none"> • The associated severe and complex learning difficulties impact on their ability to make progress within the curriculum despite the use of specialist materials, aids, equipment, furniture and/or extensive adaptations to the physical environment of the school • Difficulties in making and sustaining peer relationships leading to concerns about social isolation and their vulnerability within the setting and wider environment • Emotional and/or behavioural difficulties including regular periods of withdrawal, disaffection and ongoing reluctance to attend school • A requirement that health care inputs and therapies be intensive and on a daily basis • Given appropriate facilities is nevertheless unable to manage personal and/or health care during the school day and requires a high level of direct intervention • Has a complex medical need requiring frequent monitoring and medical intervention throughout the school day 	<ul style="list-style-type: none"> • As at Range 5 addressing the severe or complex learning difficulties 	<ul style="list-style-type: none"> • As at Range 5 but likely to require more 1:1 support 	<p>As at Range 5, plus will need some or all of the following:</p> <ul style="list-style-type: none"> • Programme to support the development of physical (fine and gross motor) skills • Differentiated writing materials and equipment • Differentiation to PE curriculum • Independent life skills programmes 	<ul style="list-style-type: none"> • Flexible use of classroom support to access curriculum and develop skills in recording • Training and advice from specialist support service for teaching and support staff • Individual specialist support for mobility and personal care needs • Specialist teaching and specialist non-teaching support within the classroom and wider settings to facilitate pupil access to the curriculum • Individual and small group teaching as appropriate, carefully organised to ensure full access to the curriculum, which includes life and communication skills, and the realisation of each pupil's potential in attainment/achievement • Access to specialist resources including specific teaching programmes and systems. These might include appropriate technological aids, ICT programmes, AAC or an amanuensis to aid independent learning and assist communication, recording skills etc. • Specialist seating, furniture and equipment • Accessibility of the whole school site, with facilities and practices that maintain the dignity of each pupil and staff member

<ul style="list-style-type: none"> • Has a significant additional condition such as HI/VI/MSI which gives rise to the complexity of need • Is an Augmentative Alternative Communication (AAC) user • Has a degenerative condition <p>NC Level</p> <ul style="list-style-type: none"> • Likely to be attaining within the p scales in all Key Stages 				<ul style="list-style-type: none"> • Access to specialist resources to meet the personal care and mobility needs of each pupil • Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers • A suitably equipped room(s) in which therapies can be carried out including therapy bench and hoist • A time out area for rest periods where pupils can spend time out of their wheelchairs, for example, away from other activities whilst having regard for their dignity • An equipment room where specialist resources such as seating, wheelchairs, walkers, physiotherapy equipment can be stored • The facility to recharge powered wheelchairs and mobile hoists when necessary
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Range 6b	Assessment and Planning	Teaching and Learning	Curriculum and Intervention	Resources and Staffing
<ul style="list-style-type: none"> • Child or young person has a profound intellectual disability with an IQ less than 34 • Extreme difficulty communicating, often requiring those who know them well to interpret their responses or intent • Will have other additional, disabling conditions such as: • Physical disabilities that limit or restrict mobility may or may not be managed by active support from health • Sensory impairments • Sensory processing difficulties • Complex health needs, (e.g epilepsy, respiratory problems, dysphagia, eating and drinking problems) • Coping behaviours linked to their communication difficulties which may present as challenging • Mental health difficulties. 	<ul style="list-style-type: none"> • Ongoing assessment is required by social care and health professionals • A small group or individual curriculum is being followed, and may involve health and social care professionals in planning this. 	<ul style="list-style-type: none"> • Small group teaching in a specialist provision for the whole school day • Grouping for access to a total communication environment • Will be attending a specialist provision. • High level of input from specialist professionals to lead the curriculum and ensure that the educational programme is highly personalised and fit for the individual. • High level of staffing required during the school day to accommodate intimate care needs and facilitate learning. 	<ul style="list-style-type: none"> • Expressive and receptive language and communication are maximised with the child or young person being supported. • Timely and regular monitoring • Must have a medical care plan to outline responses to medical issues. • There MUST be a focus on supported transition to adult social care at the completion of the educational element of care, when the EHC Plan ceases. • Possibly accessing regular OT, Physio or hydrotherapy sessions to manage mobility • Complexities in medical condition mean that attendance may be affected and school must ensure that the child or young person has access to learning. 	<ul style="list-style-type: none"> • Health input is required to set the parameters of Care, and ensure that any medical processes, such as catheterisation are carried out appropriately. • Will need 2-1 for intimate care • Workforce is competent, confident and support individuals in a personalised manner. • Physical environment is adapted and specialised aids utilised effectively. • There must be ongoing reviews on access to learning spaces and outdoor access, environments should be calm and open where possible.

<ul style="list-style-type: none">Needs are pervasive and the child or young person will require ongoing support throughout their life.				
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Range 6c	Assessment and Planning	Teaching and Learning	Curriculum and intervention	Resources and Staffing
<ul style="list-style-type: none"> • Child or young person has a profound intellectual disability, with an IQ of less than 20 • Extreme difficulty communicating, often requiring those who know them well to interpret their responses or intent • Will have other additional, disabling conditions such as: • Physical disabilities that limit or restrict mobility may or may not be managed by active support from health • Sensory impairments • Sensory processing difficulties • Complex health needs, (e.g epilepsy, respiratory problems, dysphagia, eating and drinking problems) • Coping behaviours linked to their communication difficulties which may present as challenging • Mental health difficulties. • Needs are pervasive and the child or young person 	<ul style="list-style-type: none"> • Ongoing assessment is required by health and social care professionals. • Specialist individualised curriculum is being followed, with health and social care an integrated part of this. 	<ul style="list-style-type: none"> • Small group teaching in a specialist provision for the whole school day • Grouping for access to a total communication environment • Will be attending a specialist provision. • High level of input from specialist professionals to lead the curriculum and ensure that the educational programme is highly personalised and fit for the individual. • High level of staffing required during the school day to accommodate intimate care needs and facilitate learning. • 	<ul style="list-style-type: none"> • Expressive and receptive language and communication are maximised with the child or young person being supported. • Timely and regular monitoring • Must have a medical care plan to outline responses to medical issues. • There MUST be a focus on supported transition to adult social care at the completion of the educational element of care, when the EHC Plan ceases. • Possibly accessing regular OT, Physio or hydrotherapy sessions to manage mobility 	<ul style="list-style-type: none"> • Health input is required to set the parameters of Care, and ensure that any medical processes, such as catheterisation are carried out appropriately. • Will need 2-1 for intimate care • Workforce is competent, confident and support individuals in a personalised manner. • Physical environment is adapted and specialised aids utilised effectively. • There must be ongoing reviews on access to learning spaces and outdoor access, environments should be calm and open where possible. •

will require ongoing support throughout their life.				
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Definition of Acronyms

AAC	Augmentative and Alternative Communication
AAD	Adaptive, Assistive Devices
ALP	Alternative Learning Provision
ANSD	Auditory Neuropathy Spectrum Disorder
ARC	Additionally Resourced Centre
ARP	Additional Resource Provision
ASD	Autism Spectrum Disorder
AWPU	Age-weighted Pupil Unit (funding related)
BOO	Basket of Opportunities
BSL	British Sign Language
CAMHS	Child and Adolescent Mental Health Service
CLDD	Complex Learning Difficulties and Disabilities
CVI	Cerebral Visual Impairment
CYP	Child or Young Person
DAF	Disability Access Fund
dB HL	Decibels Hearing Level
DfE	Department for Education
EAL	English as an Additional Language
ECAT	Every Child a Talker
EHA	Early Health Assessment
EHCP	Education, Health and Care Plan
ELKLAN	Training by Speech and Language Specialists to Education Staff
ELSA	Emotional Literacy Support Assistant
EYFS	Early Years Foundation Stage
FRIENDS	An intervention programme underpinned by the principles of Cognitive Behaviour Therapy with the primary aim of reducing participant anxiety levels.
HI	Hearing Impairment

LA	Local Authority
LI	Language Impairment
LINS	Low Incidence Needs Service
LVA	Low Vision Aids
MSA	Midday Supervisory Assistant
MSI	Multi-Sensory Impairment
MAPPA	Multi-Agency Public Protection Arrangements
NatSIP	National Sensory Impairment Partnership
NPSLBA	National Programme for Specialist Leaders of Behaviour and Attendance
NVC	Non-Verbal Communication
OT	Occupational Therapist
PECs	Picture Exchange Communication System
PHSE	Personal, Social, Health and Economic Education
QFT	Quality First Teaching
QTMSI	Qualified Teacher of the Multi-Sensory Impaired
QTVI	Qualified Teacher of Children and Young People with Vision Impairment
SALT	Speech and Language Therapy
SEAL	Social and Emotional Aspects of Learning
SILVER SEAL	An early intervention for children who need additional support in developing their social, emotional and behavioural skills.
SEMH	Social, Emotional and Mental Health
SENAP	Special Educational Needs Advisory Panel
SENCO	Special Education Needs Co-ordinator
SEND	Special Education Needs and Disability
SLCN	Speech, Language and Communication Needs
SLD	Severe Learning Difficulties
SLT	Speech and Language Therapist
SMART	Specific, Measurable, Achievable, Relevant, Timebound (relating to targets)

SSE	Sign Supported English
TA	Teaching Assistant
TAF	Team Around the Family
ToD	Teacher of the Deaf
VI	Visual Impairment
VOCA	Voice Output Communication Aids
YOS	Youth Offending Service

Version Number	Description	Date
1.0	Initial draft	October 2017
1.1	Updated following feedback from parent carer consultation	November 2017
1.2	Updated following feedback from the High Needs conference February	February 2018
1.3	Updated following feedback from the Moderation events	April 2018
1.4	Updated following feedback from Early Years and LINS	May 2018
1.5	Updated following feedback from the NHS	July 2018
1.6	Updated following feedback from LINS	July 2018
Final	Final version agreed 06.09.18	September 2018
V2	Updated in line with NatSip Guidance by LINS	November 2019

Version 2	December 2019	Sensory and Physical Needs
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