Social, Emotional & Mental Health

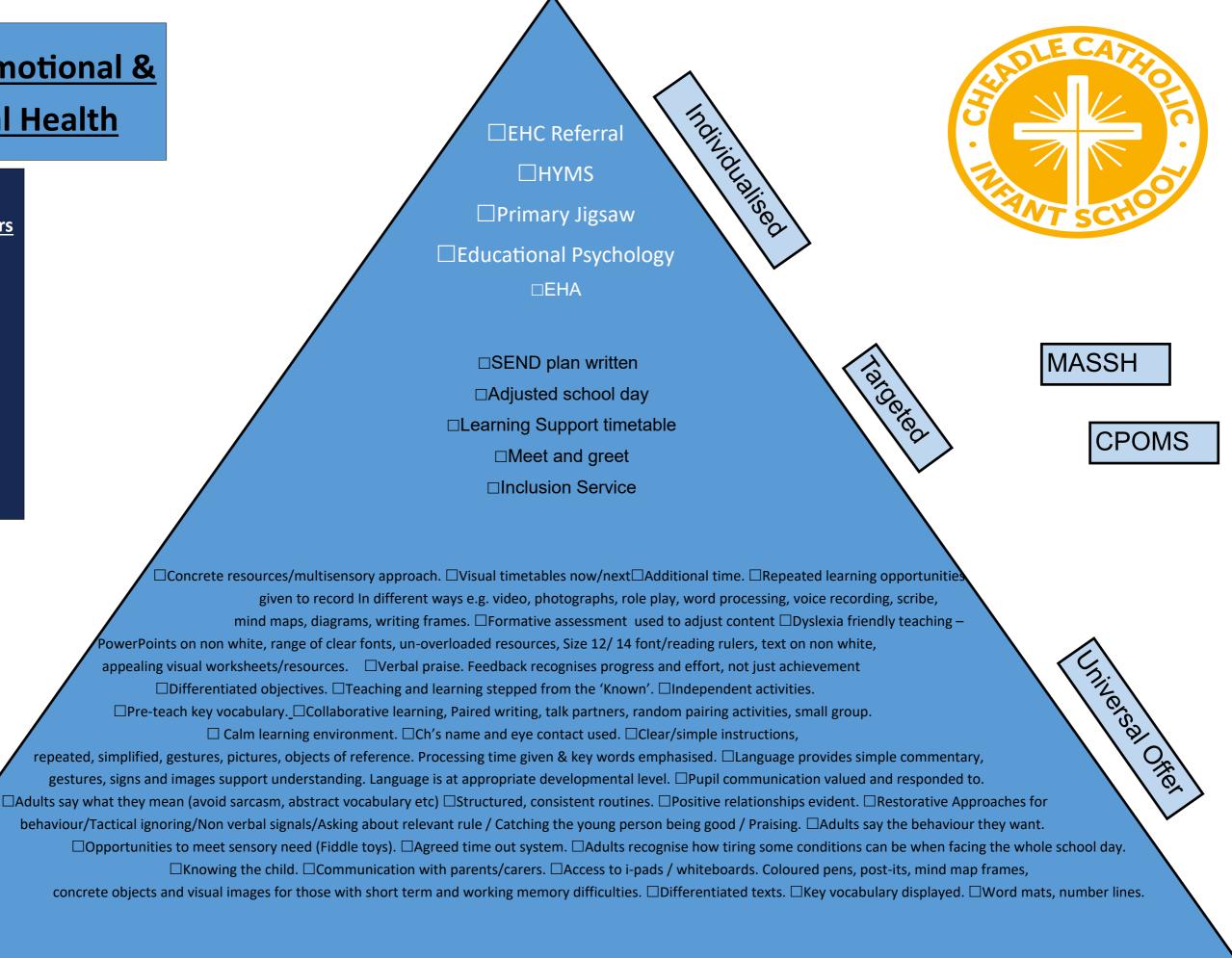
Possible indicators

Eating Disorders Anxiety Depression **Attachment**

PTSD

ADHD

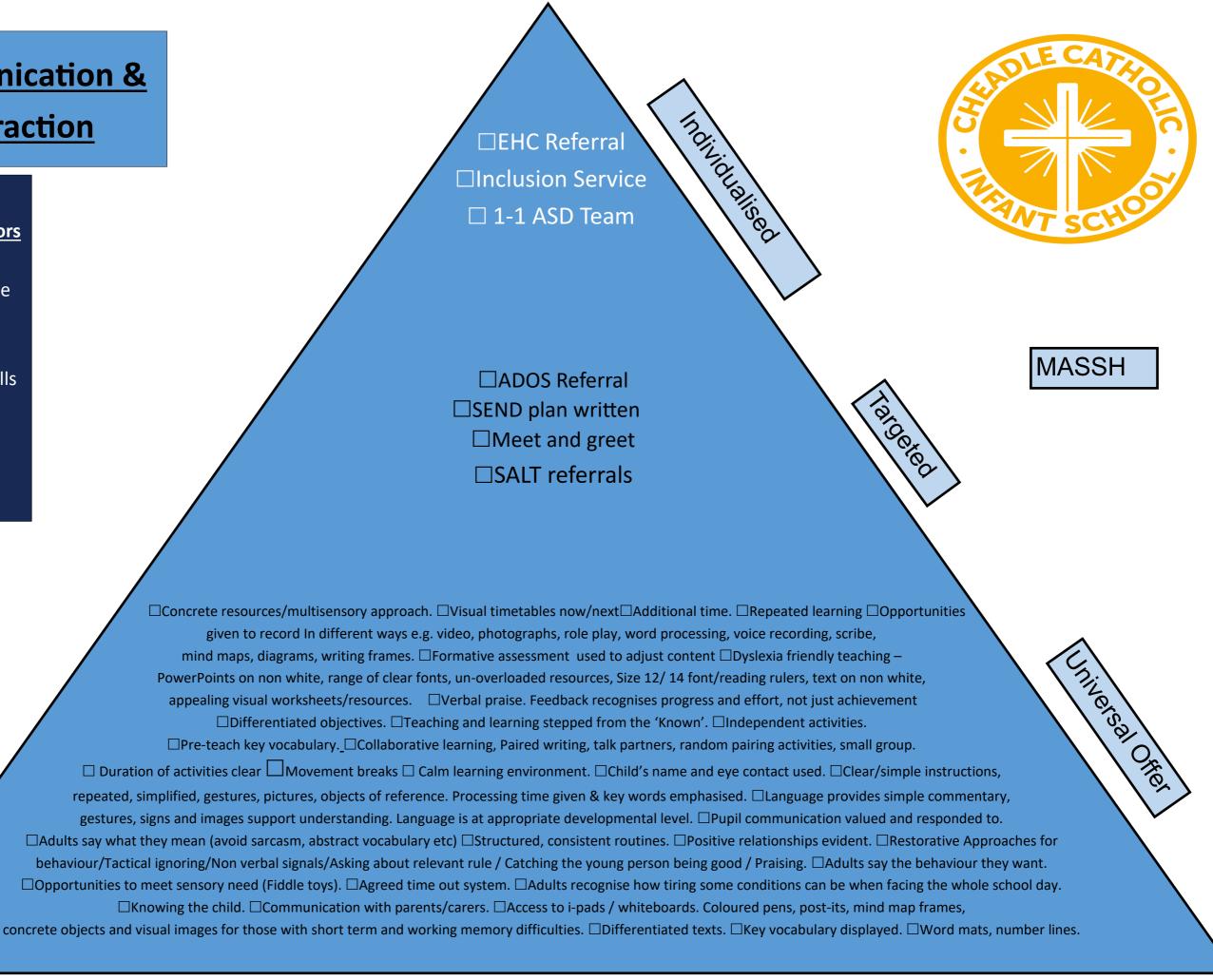
Tourette's/Tics Bereavement



Communication & Interaction

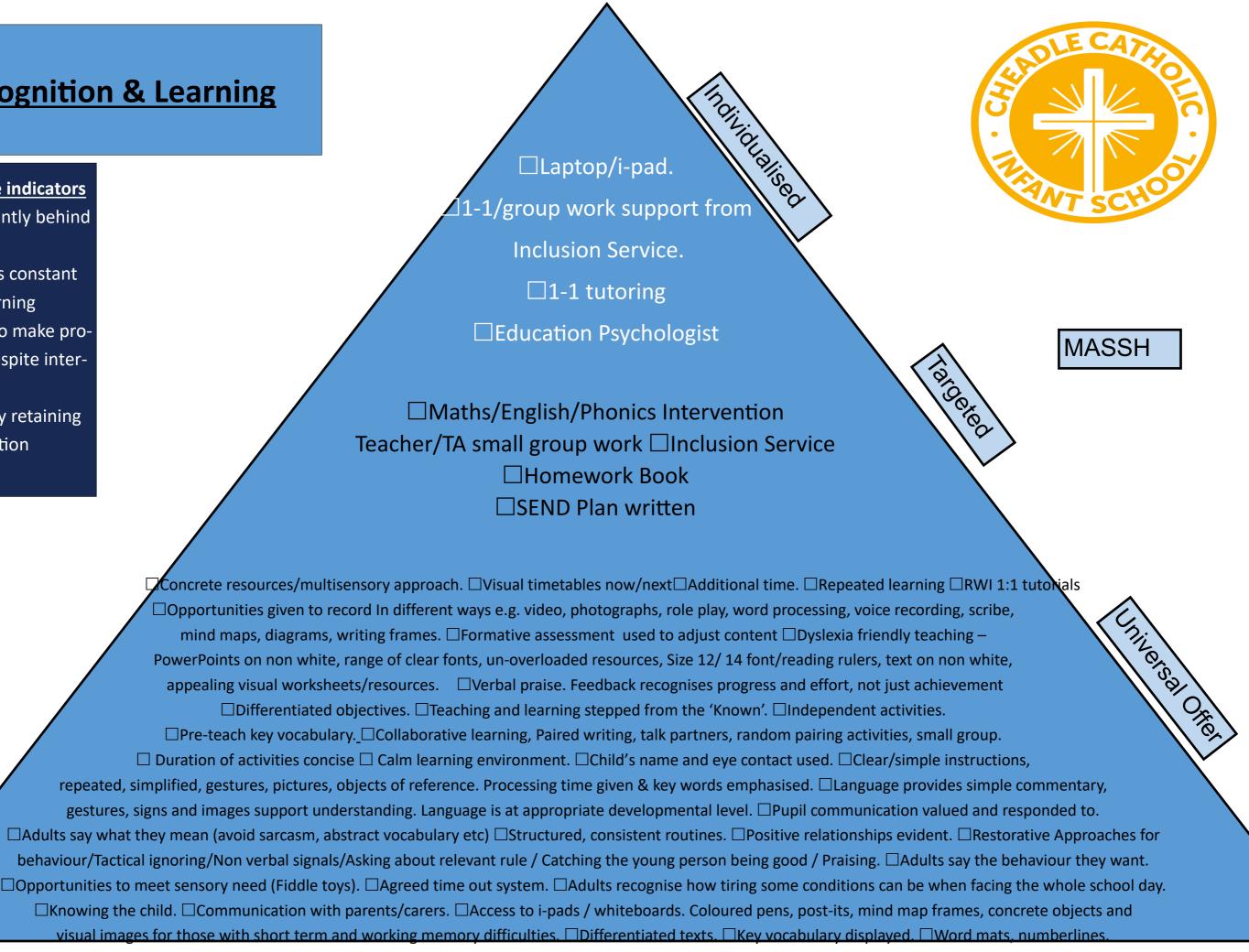
Possible indicators

Struggle with change to routine Reacts to loud/ sudden noise Lack of social skills Eye contact



Cognition & Learning

Possible indicators Significantly behind peers Requires constant overlearning Failing to make progress despite intervention Difficulty retaining information



Sensory & Physical

Possible indicators

Fine and/or gross motor difficulties Difficulty in the classroom environment

Constant movement or fidgeting

□OT referrals. □Coloured paper. □Laptop/i-pad (individual). ☐ Sensory support referral MASSH Wobble cushion Movement breaks Sensory Support Service referral ■ASD/ ADHD referral ■ SEND plan written ■ MSU (2 terms of evidence) □Concrete resources/multisensory approach. □Visual timetables now/next□Additional time. □Repeated learning □Opportunities given to record In different ways e.g. video, photographs, role play, word processing, voice recording, scribe, mind maps, diagrams, writing frames.

Formative assessment used to adjust content

Dyslexia friendly teaching – PowerPoints on non white, range of clear fonts, un-overloaded resources, Size 12/14 font/reading rulers, text on non white, appealing visual worksheets/resources. Uverbal praise. Pencil Grips. Feedback recognises progress and effort, not just achievement □ Differentiated objectives. □ Teaching and learning stepped from the 'Known'. □ Independent activities. □ Pre-teach key vocabulary. □ Collaborative learning, Paired writing, talk partners, random pairing activities, small group. □ Duration of activities is concise □ Calm learning environment. □ Child's name and eye contact used. □ Clear/simple instructions, repeated, simplified, gestures, pictures, objects of reference. Processing time given & key words emphasised.

Language provides simple commentary, gestures, signs and images support understanding. Language is at appropriate developmental level.

Pupil communication valued and responded to. □Adults say what they mean (avoid sarcasm, abstract vocabulary etc) □Structured, consistent routines. □Positive relationships evident. □Restorative Approaches for behaviour/Tactical ignoring/Non verbal signals/Asking about relevant rule / Catching the young person being good / Praising.

Adults say the behaviour they want. Opportunities to meet sensory need (Sensory box with Fiddle toys), fine motor activities Agreed time out system. Adults recognise how tiring some conditions can be when facing the whole school day □Knowing the child. □Communication with parents/carers. □Access to i-pads / whiteboards. Coloured pens, post-its, mind map frames, concrete objects and visual images for those with short term and working memory difficulties. Differentiated texts. DKey vocabulary displayed. DWord mats, number lines.