

# SEN Policy

## ISP School Battle



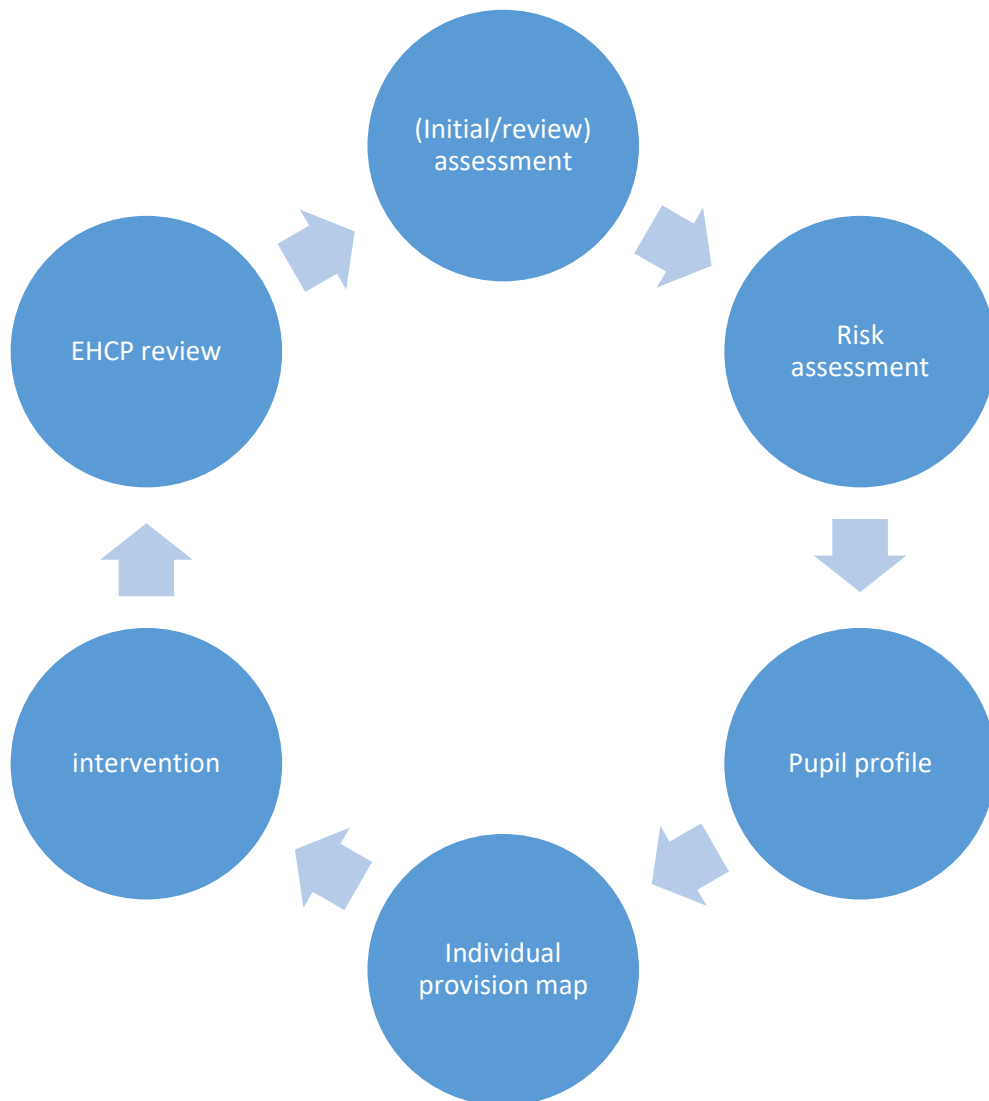
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**Next review due by:** September 2024

<b>Contents</b>	<b>Page no.</b>
1. The SEN Process	3
2. Risk Assessment	6
3. Pupil Profiles / Pen Pictures	6
Appendix 1: The Risk Assessment	11
Appendix 2: Indicators for Identifying communication difficulties	12
Appendix 3: Child's Provision Plan	15
Appendix 4: Mentoring Session recording sheet	17
Appendix 5: Teacher EHCP Informations	18
Appendix 6: ISP Consent form for Speech and Language Therapy	19

## 1. SEN Process



### Initial network meeting

- Gather information
- Revise risk assessment
- Devise child-led induction plan (this usually takes two weeks but is flexible)
- Permissions, re: photograph use, sign e-safety agreement etc.
- Get consent for SaLT (see appendix 6)

### Induction review

We consider the full assessment period to be **12 weeks** or a full term from the child's start date. Having considered and agreed to pursue the placement, the school SENDCo and class team formulate an induction timetable for a period of time dictated by the child's needs, circumstances etc. This, most often, is a period of 2 weeks of part-time integration within the child's appropriate Key Stage/ability group and will involve staged opportunities as part of an initial assessment. This timetable will build on the child's previous educational

experience and also match the prevailing needs of the child and the school as a whole. At commencement at ISP School, Battle, children and parents/carers sign a home- school agreement. Specific routine issues, boundaries and expectations are discussed and agreed as a contract with the child.

At the **end** of the **12** week assessment period the child and parent/ carer meet with a school manager to review progress (this can be in school or via Teams).

If the induction period has raised concerns regarding the safety and wellbeing of the child (or those around him/her/them/they) then this will be documented and the timetable, implementation and strategies will be revised to include a clear time scale for the future. If concerns remain, then professionals at the review meeting or subsequent network meeting will discuss the feasibility of the placement.

If we determine that we cannot meet need we will communicate this to parents/ carers and the local authority. We will provide 28 days notice of the school placement offer being withdrawn.

Ordinarily, following a successful induction and review meeting the child takes up a full-time position in their class.

### Monitoring of the process

<b>Task</b>	<b>Deadline</b>	<b>Carried out by</b>	<b>checked by</b>
<i>Initial assessment</i>	<i>An assessment/ induction for baseline assessment</i>  <i>And reassessment week at the beginning of term</i>	<i>See details below</i>	<i>Deputy Head</i>
Pupil Profile	At end of induction period	Class team	Deputy Head
Provision maps	SMART targets are set in relation to the EHCPs and assessment  Updated by the second to last week of each half term	Class teachers SaLT Assistant	SENCO
Risk assessments (See appendix 1 for process)  • Initial	Before initial network meeting, revised at meeting	Head teacher/ SENCO	Head teacher

<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	Updated and reviewed by last week of each term and after incidents	Class team/PEGS Deputy Head	
Interventions	As per provision map	See provision map	SEN team & mid leaders Drop in/learning walks
Reviewing and reporting EHCPs Automatic reminders sent FB	Two weeks before EHCPs	Teachers & SaLT Assistant	Deputy Head/ SENCO
End of year/term report for parents (as per initial assessments) & subject assessment	Two weeks before end of term	Teachers & SaLT Assistant	Head Teacher/Deputy Head

#### Initial assessment for all pupils on entry

- An assessment/ induction for baseline assessment

#### Ongoing assessment

- Subject assessment (eg SATs papers) termly monitoring and formally three times per year.
- Reading, spelling, maths assessment three times per year
- Results to be stored individually on Behaviour Watch and collated on document on Q drive as required. Copies of assessments to be saved in Children Individual File.
- Staff will be able to volunteer for specific roles

<b>Social Emotional and Mental Health</b>		
<b>Assessment</b>	<b>Carried out by</b>	<b>Retest</b>
Faupel EL	Speech and Language Therapy Assistant Pupils Parents/ carers	Annually
Boxall	Adult Team	Termly

<b>Communication and Interaction</b>		
<b>Assessment</b>	<b>Carried out by</b>	<b>Retest</b>
Indicators lists (see appendix 2)	Speech and Language Therapy Assistant - lead Staff Parents/ carers	Annually

Receptive vocabulary assessment	Speech and Language Therapy Assistant	As required
Pupil Self-assessment	Speech and Language Therapy Assistant	As required

<b>Cognition and Learning</b>		
<b>Assessment</b>	<b>Carried out by</b>	<b>Retest</b>
WRAT 5	Literacy Intervention Tutor	Annually
Spelling/Reading-IDL	Teachers delivering English and/or Literacy Intervention Tutor	Termly
Subject baseline assessment	All teachers	Every term

### **For some children**

<b>Sensory</b>		
<b>assessment</b>	<b>Carried out by</b>	<b>Retest</b>
Sensory profile	Speech and Language Therapy Assistant	Annually

### **2. Risk assessment**

Risks related to SEN will be added to risk assessments on entry and as necessary

### **3. Pupil Profile/pen picture**

Update each year, by referring to EHCP and risk assessment

<b>Name:</b>		
DOB:	Keystage:	
<b>What I like:</b>	<b>What I don't like:</b>	<b>What I need:</b>
Insert picture here:	<b>Note:</b>	

### **Provision map**

After an EHCP review a new provision map is created by the Deputy Head/SENCO (see appendix 3)

SMART Targets are set per term relating to each EHCP targets - by teachers SaLT team and updated each term. These are stored in pupil folders on S drive

### **Process of allocating and planning interventions**

There will be a Termly meeting of the SEN team (Head Teacher, SENCO SaLT) to look at EHCP targets where relevant, assessment and teacher concerns re progress and prioritise pupils for intervention. This can also happen where behaviour is a concern.

### **English as an additional Language:**

English as an additional language (EAL) Students who require EAL tuition are usually identified on application to the school. All students admitted to the school requiring EAL support will be assessed in terms of how much assistance they require, but typically this is likely to be 1-2.5 hours per week specialist teaching in addition to the school's curriculum. Identifying and assessing SEN for children or young people whose first language is not English requires particular care. We would make every effort to look carefully at all aspects of a pupils performance in different areas of learning and development to establish whether lack of progress is due to limitations in their command of English or if it arises from SEN or a disability. We recognise that difficulties related solely to limitations in EAL are not SEN.

### **Mentoring**

Targets and strategies (as per provision map) will be worked on in mentoring

Mentoring sheets are used to record this (see appendix 4) and stored in the child's folder on the Q drive

### Whole school provision map





## Review of interventions

There are EHCP review report templates for teachers (see appendix 5)  
There will also be a timetable of annual reviews

## Training

- Will be provided on appropriate interventions including;
  - Nurture group principles
  - Zones of regulation
  - Lego intervention principles
  - The SEN process
  - Social communication coaching
  - Sounds Write
  - Teaching vocabulary
  - Universal interventions
  - EL baseline scoring
  - Attachment & trauma friendly
  - Comic strip conversations
  - Social stories
  - Incredible 5 point scale
  - And processes
    - Risk assessment
    - SEN
  - This will include signposting to outside sources of training
    - <https://www.sensoryintegration.org.uk/page-18882>
    - <https://teen-talk.group.shef.ac.uk/>
    - <https://www.livesinthebalance.org/walking-tour-parents>
    - <https://www.annafreud.org/what-we-do/schools-in-mind/>
    - MindEd is a free educational resource on children and young people's mental health for all adults <https://www.minded.org.uk/>
    - CPD Online Short Course: An introduction to speech, language and communication <https://www.thecommunicationtrust.org.uk/projects/professional-development/online-short-course/>
    - From the people who give us our Action for happiness calendars, there are also resources for schools <https://www.actionforhappiness.org/toolkit-for-schools>
    - <https://www.futurelearn.com/courses/differentiating-for-learning-stem>
    - <https://educationtraining.hays.co.uk/>
    - <https://www.thecommunicationtrust.org.uk/resources/resources/resources-for-parents/through-the-eyes-of-a-child/>
  - Training and support will be offered to do other assessments.
  - And the SEN team will investigate other potentially useful interventions
    - <https://www.emotionallogiccentre.org.uk/how-we-help/schools-and-education>
    - <https://www.socialthinking.com/Articles?name=understanding-core-social-thinking-challenges-ilaugh-model>
    - <https://www.alertprogram.com/teachers/> re ADHD
- PEERS-Curriculum-School-Based-Professionals - we have this programme  
Anna Freud centre-schools in Mind Network

**Moving on**

Supporting transitions, by enabling access to

- Searching for other provisions
- Applications & CV writing
- Work experience
- Careers
- Financial advice
- Travel training

Offer transition support as appropriate

- Visits etc.

**Staff well being**

- Individual clinical supervision to all staff at least once a term as required
- Reflective groups at least three weekly

<https://www.ucl.ac.uk/evidence-based-practice-unit/publications-resources/resources-professionals>

## **Appendix 1**

### **The Risk Assessment process.**

1. Before the initial network meeting, information is gathered from the referral information, the EHCP, previous risk assessments.
2. At the initial network meeting the risk assessment draft is revised in the light of information gathered at this meeting. (Consent for SaLT signed by whoever has parental responsibility see appendix
3. A revised risk assessment is created.
4. Headteacher updates Behaviour Watch & new child information on Q drive with risk assessment and advises staff.
5. Risk assessments are used as working documents and updated post incident.
6. Risk assessment updates are monitored by the Head Teacher.
7. Risk assessments will also be updated within 24 hours, when there has been an incident/file note/bullying etc by the person who writes the incident report. (Incident reports should be completed within 24 hours)

## Appendix 2

### Indicators List for Identifying Communication Difficulties

<b>Young person's name:</b>	<b>Year group:</b>
<b>Completed by:</b>	<b>Date:</b>

<b>UNDERSTANDING LANGUAGE: Spoken rather than written language</b> <b>The child or young person:</b>	<b>Tick if applicable</b>
<b>Has difficulties following long or complex instructions</b> e.g. "You need to read the chapter and then identify the key ideas which you then need to write about, explaining why they are important."	
<b>Has better understanding in a 1:1 situation than in a group</b> Knows and understands what you say to him/her in 1:1 yet in a whole class or group situation is confused	
<b>Watches and copies others when instructions are given</b>	
<b>Has difficulties recalling information or putting it into the right sequence</b> Unable to remember and recount last week's episode of a 'soap' on T.V.	
<b>Tends to take things literally</b> When told "I'll be back in a minute" literally expects the person to come back to them in 60 seconds	
<b>Gives an inappropriate response to abstract language</b> 'Keep your hair on' results in them looking confused, or asking about their hair	
<b>Repeats what you say rather than responding appropriately</b> "What have you been reading?" – "I've been reading"	
<b>Has difficulties understanding implied meaning</b> 'I wouldn't take my shoes off now' meaning 'Don't take your shoes off'. Interpreted as you talking about yourself	
<b>Is slow to learn new routines</b> Finds it difficult to learn new ideas and language especially in sequence	
<b>Doesn't listen when people talk too much or use complex language</b> May lose focus or get frustrated	

<b>FORM: Structure of their communication</b> <b>The child or young person:</b>	<b>Tick if applicable</b>
<b>Speaks too quickly</b> So that others cannot follow what has been said	
<b>Is not easy to understand</b> E.g. When talking about spies says 'pies', when talking about yesterday uses 'today I played football'	
<b>Says the same word differently at different times</b> Hospital: hospital, hospital	
<b>Stammers</b> hesitates, repeats sounds/words, gets stuck	
<b>Has difficulties with prepositions and tenses</b> on, under, over, behind, etc. or tenses ran, running, will run	
<b>Has difficulties using sentences with conjunctions</b> including 'and', 'because' 'so', or uses these words too much	
<b>May take a long time to organise words into a sentence</b>	

Pauses for a long time before responding or stops mid sentence, searching for a word	
<b>Misses out words or puts them in the wrong order</b> “Last night football played park” for ‘last night I played football in the park’	
<b>Has difficulties giving specific answers or explanations</b> “I dunno, it’s kind of, something that’s, well you know...”	
<b>Has difficulties recalling and sequencing events and ideas appropriately</b> Finds it difficult remember or tell a story, even a simple one	
<b>CONTENT: Meaning of their message</b> <b>The child or young person:</b>	<b>Tick if applicable</b>
<b>Has limited vocabulary</b> Uses same core vocabulary which could lead to excessive swearing	
<b>Finds it hard to express emotions verbally</b> Can’t explain how they are feeling or why	
<b>Uses fluent clear speech which doesn’t seem to mean much</b> Came over to that place and did that you know	
<b>Has trouble learning new words</b> Names of people and objects	
<b>Cannot provide significant information to listeners</b> Difficult for the listener to understand what their message is	
<b>Uses made up words which are almost appropriate</b> ‘Window worker man’	
<b>Overuses ‘meaningless’ words</b> Thingy, whatever, and that	

<b>USE: Purpose, function or reason for communication</b> <b>The child or young person:</b>	<b>Tick if applicable</b>
<b>Has difficulties with eye contact or personal space</b> Doesn’t make eye contact or gets too close to others	
<b>Interrupts inappropriately</b> Not aware of when it is and isn’t appropriate to say something	
<b>Avoids situations which require words</b> Social situations, reading out loud or presenting to others	
<b>Is unable to vary language with the situation</b> Uses the same language with peers, teachers and unfamiliar adults	
<b>Problems recognising and responding to non verbal cues</b> doesn’t notice if someone is sad or puzzled etc	
<b>Attracts attention in inappropriate ways or without words</b> Annoys others, fiddles with things, or sits quietly and does their own thing	
<b>In conversation, moves from topic to topic for no obvious reason or finds it difficult to change the subject</b> “Do I need to type this up, so can I go and talk to Sam, I like your earrings”	
<b>Has Difficulties taking turns in conversation</b> Always monopolises the conversation or doesn’t understand when someone has a different view and changes the focus	
<b>Doesn’t ask questions or start a conversation</b> Sits quietly and waits for others to initiate verbal communication	
<b>Doesn’t say if they can’t understand</b> Will continue doing what they are doing even if it isn’t what was asked for	
<b>Difficulty persuading and negotiating</b> May give up or get frustrated	
<b>Difficulty solving problems with words</b> May use non verbal means	

Do you want to refer to SLT for further more detailed assessment? YES\_\_\_\_\_ NO \_\_\_\_\_

Signature:

Please return to [battle@ispschools.org.uk](mailto:battle@ispschools.org.uk)

**Appendix 3**

**Child's Provision Plan (Date created )**

<p><b>1. The Outcome I am working towards.</b></p>	<p><b>Outcome (A page like this for each area of need; SEMH, Communication and Interaction, Cognition and Learning and Sensory and/or physical needs</b></p>			
<p><b>2. Changes that will be made to the National Curriculum or my course.</b></p>				
<p><b>3. What I need to help me. (resources)</b></p>		<p><b>4. Resources/training for which funding has been applied/agreed</b></p>		
<p><b>5. Ways to help me best. (strategies)</b></p>				
<p><b>6. Intervention I need, who recommended it and minimum time required</b></p>	<p><b>7. Who will provide this and when.</b></p>	<p><b>8. What I need to achieve by the next review (short term target).</b></p>	<p><b>9. How well did it work? (At each review the school must insert new row below each intervention row. This is where details of any agreed adjustment to provision and/or targets should be inserted)</b></p>	<p><b>Date</b></p>
				<p><b>Date</b></p>
				<p><b>Date</b></p>
				<p><b>Date</b></p>
<p><b>In-year meeting 1</b></p>	<p><b>Young person/parent/carer signature:</b></p>	<p><b>Provider signature:</b></p>	<p><b>Comments</b></p>	<p><b>Date</b></p>
<p><b>In-year meeting 2</b></p>	<p><b>Young person/parent/carer signature:</b></p>	<p><b>Provider signature:</b></p>	<p><b>Comments</b></p>	<p><b>Date</b></p>

<b>In-year meeting 3/Annual Review</b>	<b>Agreement/disagreement and signatures to be recorded on the Annual Review form</b>	<b>Date</b>
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**Appendix 4**

**Mentoring session record sheet (1;1)**

**Name of pupil:**

**Name of Pupil Engagement Guide**

**Date:**

**What am I working on? (Current termly targets/step (see provision map) and progress towards them.)**

1.

2.

3.

**How have I worked and made progress on, in lessons**

**What has helped me this week (refer to strategies on Provision map)**

**Anything I want to talk about (note key themes)**

**How does my PEG think I'm doing?**

**What am I going to focus on next week?**

## **Appendix 5**

### Teacher EHCP information.

Pupil name:

Date of report:

Progress/ strengths in lessons:

Areas of need/ difficulties in lessons:

Social interactions in lessons:

Outcome being worked towards:

Working at level:

**Progress towards EHCP outcomes where relevant to your subject/ tutor group:**

<b>Outcome from EHCP</b>	<b>Progress made/ comments</b>

### Speech and Language EHCP information

**Pupil name:**

**Date of report:**

**Progress/ strengths in sessions:**

**Areas of need/ difficulties in sessions:**

**Progress towards targets set:**

<b>Targets set</b>	<b>Progress made</b>	<b>Next steps</b>

## Appendix 6

### Integrated Services Programme

#### CONSENT FORM FOR SPEECH AND LANGUAGE THERAPY

##### For completion by whoever has Parental Responsibility for the Child

Many children who have social emotional and behavioural difficulties also have speech language and communication problems. Therefore, ISP arranges a Speech and Language Therapy assessment for any child whom staff may identify as having speech and language difficulties.

Following assessment, a period of regular intervention by a Speech and Language Therapist may be necessary and we would inform you of this. We would therefore be grateful if you could complete the consent form below.

In group and individual work on social communication it is helpful to use video to enable the pupil to improve his/her performance. We may also use video interaction guidance to improve interactions between the young person and others. Consent will always be gained from the young person before video is used. These videos are for education, research and training purposes only and will be destroyed after the young person leaves ISP unless further permission is obtained.

In respect of:	
Name	
Dob	-----
who is currently in the care of this Authority/who is my child/who I have parental responsibility for.	
We give consent for a Speech and Language Therapy Assessment (and on going therapy if appropriate) should ISP staff think this is necessary.	
Also for the use of video.	
Signed	-----
Position/relationship to the child	-----
Authority(if applicable)	-----
Date	-----

Please return this form to the Head Teacher as soon as possible.