

SEN Policy

ISP Whitstable



Approved by:	Governing Body	Date: July 2025
Last reviewed on:	July 2025	
Next review due by:	July 2026	

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1. Legislative Context

The Special Educational Needs and Disability Code of Practice (0-25 years) 2014 requires independent schools to “have regard to the Code of Practice.” This means that whenever we are taking decisions we must give consideration to what the Code says. We cannot ignore it. We must fulfil our statutory duties towards children and young people with SEN or disabilities in the light of the guidance set out in it. We must be able to demonstrate, in arrangements for children and young people with SEN or disabilities, that we are fulfilling our statutory duty to have regard to the Code. Under the Equality Act (2010) the School has a statutory duty not to discriminate against disabled children and young people and must make reasonable adjustments, including the provision of auxiliary aids and services, for them.

2. Definition of Special Educational Needs and Disability

The Special Educational Needs and Disability Code of Practice (0-25 years) 2014 states that: “A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age has a learning difficulty or disability if he or she

- has a significantly greater difficulty in learning than the majority of others of the same age; or
- has a disability which prevents or hinders him or her from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or post 16 institutions

Many children and young people who have SEN may have a disability under the Equality Act 2010 – that is “... a physical or mental impairment which has a long term and substantial adverse effect on their ability to carry out normal day to day activities”. This definition includes children and young people with long term medical conditions such as asthma, diabetes, epilepsy and cancer. Children and young people with such conditions do not necessarily have SEN, but where a child requires special educational provision over and above the adjustments, aids and services required by the Equality Act 2010, they will additionally be covered by the SEN definition. In addition, we are required to also have regard to statutory guidance regarding supporting pupils with medical conditions (DfE 2014)

3. Admissions

This policy explains how ISP School makes provision for pupils with SEN, in line with the school ethos and with current legislative requirements, SEND Code of Practice (0-25) 2014, Equality Act 2010). ISP School asks parents/ carers to provide information concerning any disability or special needs prior to accepting a place. Providing the School with details of the nature and effect of any disability enables it to consider any reasonable adjustments it may need to make. Consideration is then made following the criteria laid out in the Admissions policy.

4. Identification and Assessment of SEN

Identification of any SEN will be identified in the first instance within the pupil's Education, Health and Care plan. Teachers will also carry out regular formative diagnostic assessments which will highlight if the pupil:

- needs extra input to close any identified gaps
- is reaching their expected rate of progress

A parent who is concerned about their child's progress can speak to the Head Teacher and or any of the class teachers who will take any referral action necessary. Pupils are also encouraged to discuss with staff, any difficulties they might be experiencing.

5. 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.

6. Curriculum

Appropriate action will be taken to ensure that lessons are organised in ways, which offer the best possible opportunities for full participation by all pupils.

7. Exam access arrangements

The Equality Act 2010 requires an examination board to make reasonable adjustments where a disabled person would be at a substantial disadvantage in undertaking an assessment. Access Arrangements allow learners with special educational needs, disabilities or temporary injuries to access the assessment without changing the demands of the assessment. Examples of access arrangements include extra time, having a reader and/or a scribe and rest breaks. How reasonable the adjustment is will depend on a number of factors in addition to the needs of the disabled learner. An

adjustment may not be considered reasonable if it involves unreasonable costs or timeframes.

8. Accessibility

ISP school comprises of multiple buildings. The three main buildings each have permanent access ramps and anywhere there is not temporary ramps could be installed if a staff member or pupil with mobility problems join the school.

Lessons are based in various rooms but does not generally require pupils to move around classrooms including going up stairs. Pupils with impaired mobility would not be disadvantaged by these arrangements as reasonable adjustments to the location of lessons would be made as appropriate.

9. Children with medical conditions

(With regard to legislation: Section 100 of the Children and Families Act 2014; Supporting Children with Medical Conditions, 2014 (non-statutory advice)) The School recognises that not all children with medical conditions will have a disability and not all will have special educational needs.

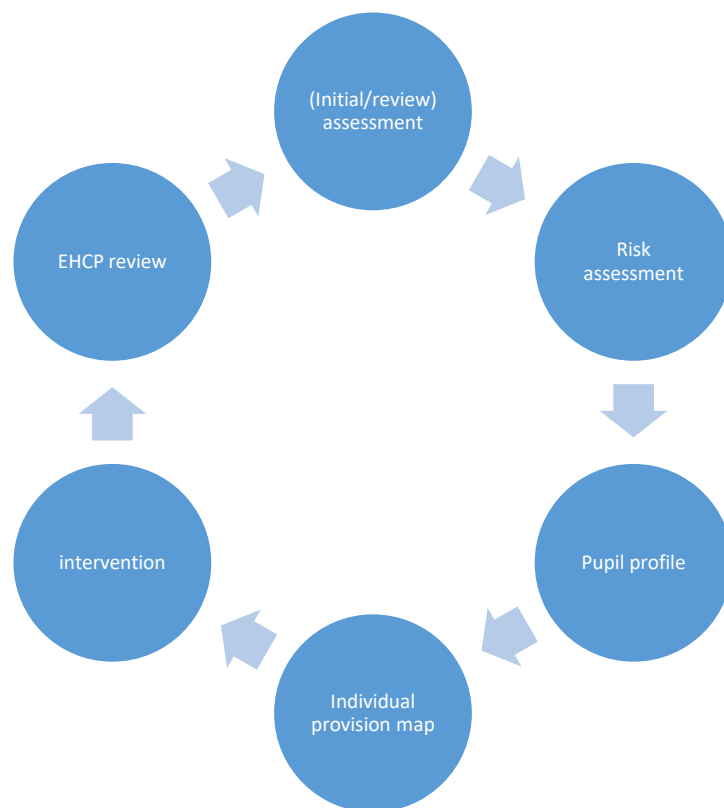
Children with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. Children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences.

In supporting children with medical conditions, ISP School will establish relationships with relevant local health services, and will receive and fully consider advice from healthcare professionals, as well as listening to and valuing the views of parents and pupils.

10. Emotional Implications

The social and emotional implications associated with SEN and medical conditions are handled sensitively. We recognise that children may be self-conscious about their condition, some may be vulnerable to developing emotional disorders such as anxiety or depression around their SEN or medical condition. All pupils have continued support identified within their Individual Learning and Behaviour strategies and also have regular 1-1 meetings with their teachers and there is an open-door policy to all senior staff including the Head Teacher.

11. 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, sign up to Dojo etc.
- Get consent for SaLT (see appendix 6)

Induction review

- The timetable is reviewed at the end of the first week and adjusted as necessary
- The Head Teacher will decide if the school can meet the child's needs.
- If the induction is successful, the home school agreement is signed at the induction review.
- *An induction period can be extended up to 6 weeks. During this time increased timetable to school will be implemented along with in school assessments. If at this time difficulties have arisen with need or risk the school reserves the right to inform the LA that need cannot be met and a change of placement is requested.*

Monitoring of the process

Task	Deadline	Carried out by	checked by
<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>Mid leader (feeding back to HT & DH)</i>
Provision maps	SMART targets are set in relation to the EHCPs and assessment Updated by the second to last week of each term	Class teachers SaLT	SENCO
Risk assessments (See appendix 1 for process) • Initial • Ongoing	Following initial network meeting, revised at meeting Updated and reviewed by last week of each term and after incidents	Head Teacher/ Dept Head/ SENCO Class team Deputy Head	Head teacher
Interventions	As per provision map	See provision map	SEN team & mid leaders Lesson observations/drop in/learning walks
Reviewing and reporting EHCPs	Two weeks before EHCPs	Teachers & SaLT team	SENCO
End of year/term report for parents (as per initial assessments) & subject assessment	Two weeks before end of term	Teachers & SaLT team	Head Teacher

Initial assessment for all pupils on entry

- An assessment/ induction for baseline assessment including Star Reader, Star Maths and Phonics

Ongoing assessment

- Subject assessment (Using ISP Steps) made formally three times per year.
- Reading, spelling, maths assessment 3 times each year.

- Staff will be able to volunteer for specific roles

Communication and Interaction		
Assessment	Carried out by	Retest
Indicators lists (see appendix 2)	Speech and language therapy assistants-lead staff Parents/ carer	Annually
Verbal Reasoning	Speech and Language Therapist	As required
Receptive vocabulary assessment	Speech and Language Therapist	As required
Pupil Self- assessment	Speech and Language Therapist	As required

Cognition and Learning		
Assessment	Carried out by	Retest
Phonics	Teachers delivering English	Continually monitored
Subject baseline assessment- ISP Steps	All teachers	Every term

For some pupils

Sensory		
assessment	Carried out by	Retest
Sensory profile	Class teachers	As required

Social Emotional and Mental Health		
Assessment	Carried out by	Retest

Faupel EL	Pegs (mentors)-lead staff Pupils Parents/ carer	Annually
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12.Risk assessment

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

Provision map

After an EHCP review a new provision map is created by the 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 Q drive

Process of allocating and planning interventions

There will be a termly whole school pupil progress and tracking review. Where progress is not in line with expectations, interventions will be reviewed and additional support provided.

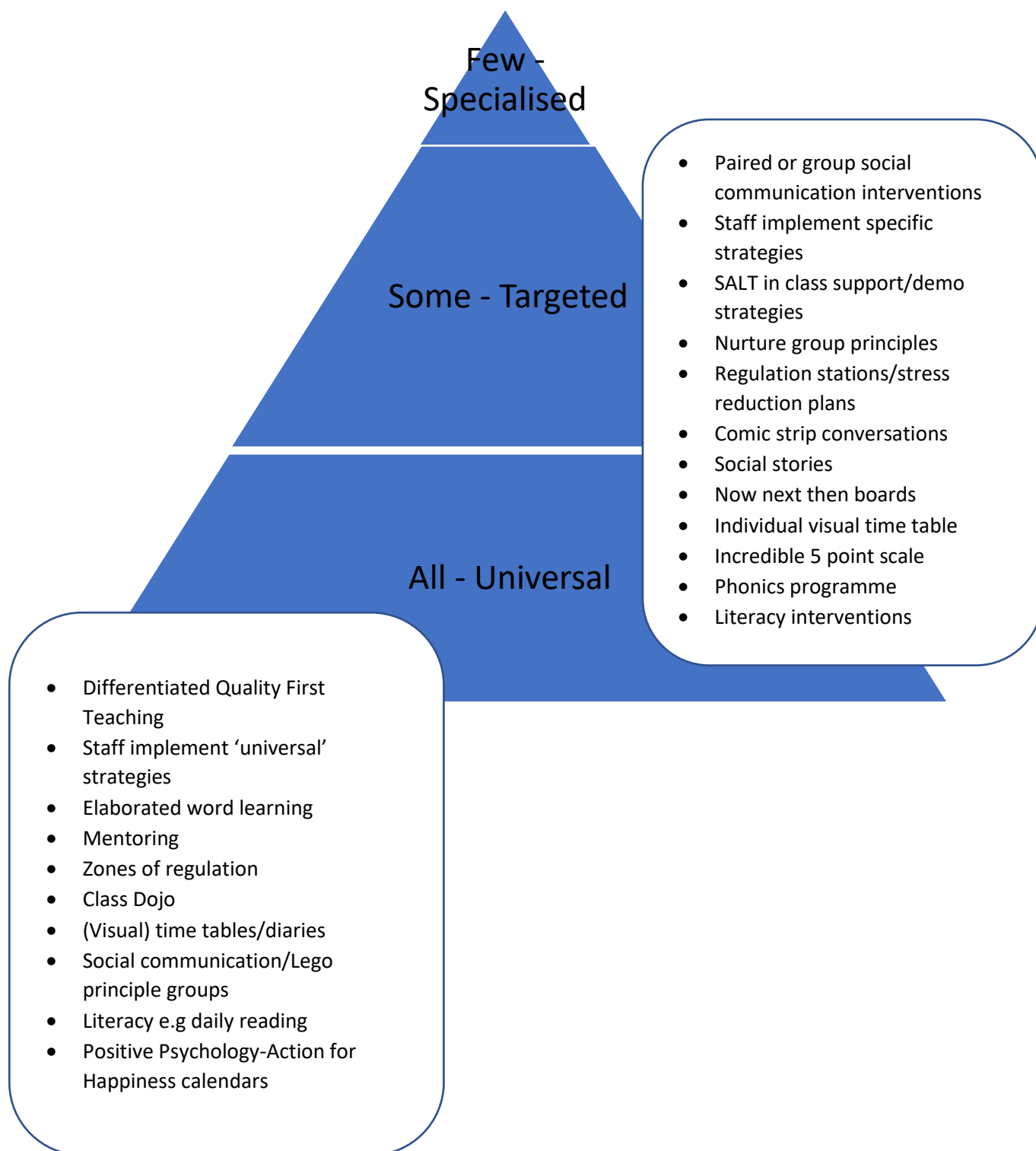
Mentoring

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 pupil's folder on the Q drive

Whole school provision map

- 1:1 Speech and language Therapy



Review of interventions

There are EHCP review report templates for teachers (see appendix 5)

All review dates will be accessible on SIMs calendar.

Training

Will be provided on appropriate interventions including;

- Nurture group principles
- Zones of regulation
- Lego intervention principles
- The SEN process
- Social communication coaching
- Phonics Programme
- 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/>

<https://www.minded.org.uk/>

<https://www.thecommunicationtrust.org.uk/projects/professional-development/online-short-course/>

<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

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
- Transition timetable

Staff well being

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

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

Complaints about SEN provision

Complaints about SEN provision in our school should be made to the SENCO/Head Teacher in the first instance. They will then be dealt with in line with the school's complaints policy.

The parents of pupils with disabilities have the right to make disability discrimination claims to the first-tier SEND tribunal if they believe that our school has discriminated against their children. They can make a claim about alleged discrimination regarding:

- Exclusions
- Provision of education and associated services
- Making reasonable adjustments, including the provision of auxiliary aids and services

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. Following initial network meeting a risk assessment draft is produced in the light of information gathered at this meeting. (Consent for SaLT signed by whoever has parental responsibility see appendix
3. Admin updates Sims & new pupil info on Q drive with risk assessment and advises staff.
4. This is updated at least at the end of every term by the class team
5. At the end of each term, risk assessment updates will be monitored by one of the DSL's and then passed on to Head to sign off.
6. 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)
7. The deputy head will always check the Risk assessment has been updated once an incident has occurred

Indicators List for Identifying Communication Difficulties

Young person's name:	Year group:
Completed by:	Date:

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

FORM: Structure of their communication The child or young person:	Tick if applicable
Speaks too quickly So that others cannot follow what has been said	

Is not easy to understand E.g. When talking about spies says 'pies', when talking about yesterday uses 'today I played football'	
Says the same word differently at different times Hospital: hospital, hospital	
Stammers hesitates, repeats sounds/words, gets stuck	
Has difficulties with prepositions and tenses on, under, over, behind, etc. or tenses ran, running, will run	
Has difficulties using sentences with conjunctions including 'and', 'because' 'so', or uses these words too much	
May take a long time to organise words into a sentence Pauses for a long time before responding or stops mid sentence, searching for a word	
Misses out words or puts them in the wrong order "Last night football played park" for 'last night I played football in the park'	
Has difficulties giving specific answers or explanations "I dunno, its kind of , something that's, well you know..."	
Has difficulties recalling and sequencing events and ideas appropriately Finds it difficult remember or tell a story, even a simple one	
CONTENT: Meaning of their message The child or young person:	Tick if applicable
Has limited vocabulary Uses same core vocabulary which could lead to excessive swearing	
Finds it hard to express emotions verbally Can't explain how they are feeling or why	
Uses fluent clear speech which doesn't seem to mean much Came over to that place and did that you know	
Has trouble learning new words Names of people and objects	
Cannot provide significant information to listeners Difficult for the listener to understand what their message is	
Uses made up words which are almost appropriate 'Window worker man'	
Overuses 'meaningless' words Thingy, whatever, and that	

USE: Purpose, function or reason for communication The child or young person:	Tick if applicable
Has difficulties with eye contact or personal space Doesn't make eye contact or gets too close to others	
Interrupts inappropriately Not aware of when it is and isn't appropriate to say something	
Avoids situations which require words Social situations, reading out loud or presenting to others	

Is unable to vary language with the situation Uses the same language with peers, teachers and unfamiliar adults	
Problems recognising and responding to non verbal cues doesn't notice if someone is sad or puzzled etc	
Attracts attention in inappropriate ways or without words Annoys others, fiddles with things, or sits quietly and does their own thing	
In conversation, moves from topic to topic for no obvious reason or finds it difficult to change the subject "Do I need to type this up, so can I go and talk to Sam, I like your earrings"	
Has Difficulties taking turns in conversation Always monopolises the conversation or doesn't understand when someone has a different view and changes the focus	
Doesn't ask questions or start a conversation Sits quietly and waits for others to initiate verbal communication	
Doesn't say if they can't understand Will continue doing what they are doing even if it isn't what was asked for	
Difficulty persuading and negotiating May give up or get frustrated	
Difficulty solving problems with words May use non verbal means	

Do you want to refer to SLT for further more detailed assessment? YES_____ NO

Signature:

Please return to whitstable@ispschools.org.uk

Appendix 3				
Child's Provision Plan (Date created)				
1. The Outcome I am working towards.	Outcome (A page like this for each area of need; SEMH, Communication and Interaction, Cognition and Learning and Sensory and/or physical needs)			
2. Changes that will be made to the National Curriculum or my course.				
3. What I need to help me. (resources)		4. Resources/training for which funding has been applied/agreed		
5. Ways to help me best. (strategies)				
6. Intervention I need, who recommended it and minimum time required	7. Who will provide this and when.	8. What I need to achieve by the next review (short term target).	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)	Date
				Date
				Date
				Date

In-year meeting 1	Young person/parent/carer signature:	Provider signature:	Comments	Date
In-year meeting 2	Young person/parent/carer signature:	Provider signature:	Comments	Date
In-year meeting 3/Annual Review	Agreement/disagreement and signatures to be recorded on the Annual Review form			Date

Appendix 4

Mentoring session record sheet (1;1)

Name of pupil:
DATE;

Name of Pupil Engagement Guide

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? (send summary on Dojo)

--

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:

Outcome from EHCP	Progress made/ comments

Speech and Language EHCP information

Pupil name:

Date of report:

Progress/ strengths in sessions:

Areas of need/ difficulties in sessions:

Progress towards targets set:

Targets set	Progress made	Next steps

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 **SALT Teynham** as soon as possible.

1		September 2021
2	Reviewed and updated	14 th September 2021
3	Reviewed and updated	1 st September 2022
4	Reviewed and updated	5 th January 2023
5	Reviewed and updated	11 th July 2024