

Graduated Approach Tables Physical Needs- Level 1 & Wave 1

Impact on Learning-What are we seeing?	Response-What should we do next?	Strategies-What can we put in place?
<p>Observed emerging and/or fluctuating difficulties with the following:</p> <p>Has physical needs and uses specialist aids relating to their condition, e.g. pencil grip or writing slope</p> <p>Motor control – fine and gross delay</p> <p>Spatial orientation issues</p> <p>Difficulties with tasks involving hand eye coordination</p> <p>Problems causing difficulties in ball skills and balance activities in Physical Education (PE)</p> <p>Supervision or support needed for medical conditions, diet and toileting, dressing and/or mealtimes</p> <p>Lack of progress in the curriculum due to condition</p> <p>Needs impact on their self-esteem and social relationships</p> <p>Working at a slower pace due to fatigue</p> <p>Medication which impairs concentration and may lead to difficulties in the classroom.</p> <p>Poor engagement during tasks for intermittent periods throughout the day</p>	<p>Discuss concerns/observations with parent(s)</p> <p>Obtain and record parental information and views</p> <p>Obtain and record child or young person's views</p> <p>If available and/or appropriate:</p> <p>Examine Early Years Foundation Stage (EYFS) Data and/or previous school records</p> <p>Consider past teacher observations and views</p> <p>Collate current assessments related to area of concern – qualitative, quantitative and summative – along with any health records that have been shared</p> <p>Observe and compare potential barriers to learning and participation across a range of contexts</p> <p>Carry out further assessments as necessary</p> <p>Perform an audit/risk assessment of the young person's learning environment, and apply extra consideration to any visits or trips</p> <p>Discuss concerns with HOI (and/or school nurse, if appropriate)</p> <p>Implement strategies (including targeted support and/or resources)</p> <p>Ensure Class teacher and Teaching assistants receive relevant Continuing Professional Development (CPD), e.g. manual handling etc.</p>	<p>Consider organisation of classroom and seating plans to ensure mobility and table organisation</p> <p>Consider positioning of child or young person in the classroom to minimise distractions</p> <p>Use programmes to develop motor skills</p> <p>Implement an accessibility plan to move around the school</p> <p>Provide additional classroom resources such as sloping board, ruler, scissors, pencil grips etc.</p> <p>Use differentiation and personalised learning targets</p> <p>Use a well-structured curriculum plan in PE</p> <p>Keep withdrawals from class to a minimum</p> <p>Provide adaptations to the pace of lessons to take account of fatigue</p> <p>Consider timetabling and location of rooms where possible to facilitate movement</p> <p>Use technology to support learning and as alternative to handwriting</p> <p>Encourage peer support</p> <p>Provide alternative lined paper to accommodate larger handwriting or support correct formation</p> <p>Attach paper to desk with masking tape to avoid having to hold with one hand and write with the other hand</p> <p>Eliminate inessential copying from the board</p> <p>Teach sequencing skills, for example putting on clothes in the right order etc.</p> <p>Have appropriate height chairs and tables</p> <p>Ensure the child or young person can be safely evacuated during an emergency and write a personal emergency evacuation plan (PEEP) if necessary</p>

Evidence of Graduated Approach-How do we track and record progress and outcomes?
Brief record of parental views Brief record of child or young person's views Collated assessment data Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.) Brief record of any external support or contact (e.g. records of telephone conversation or emails)

If "Impact on Learning" indicators remain and/or progress has not been made continue to Level/Wave 2

Graduated Approach Tables Physical Needs- Level 2 & Wave 2

Impact on Learning-What are we seeing?	Response-What should we do next?	Strategies-What can we put in place?
<p>Observed persistent and moderate difficulties with the following:</p> <p>Has physical needs and uses specialist aids relating to their disability, e.g. seating</p> <p>Motor control – marked fine and gross delay affecting ,multiple functional skills</p> <p>Spatial orientation issues</p> <p>Physical difficulties – hand eye coordination</p> <p>Problems causing difficulties in throwing, catching, balance in PE – moderately behind peers</p> <p>Supervision or support needed for medical conditions, diet and toileting, dressing and/or mealtimes</p> <p>Lack of progress in the curriculum due to condition</p> <p>Needs impact on their self-esteem and social relationships</p> <p>Moderate difficulties in physically accessing the curriculum</p> <p>Working at a markedly slower pace due to fatigue</p> <p>Poor engagement during tasks throughout the day</p> <p>Needs extended adult support beyond “First Concerns” level of support to be able to access the curriculum</p>	<p>Class teacher, HOI, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period</p> <p>Obtain and record updated parents’ views</p> <p>Obtain and record updated child or young person’s views</p> <p>Seek external advice from educational agencies as necessary ie Educational Psychologist or Specialist Teacher</p> <p>Seek external advice from health professionals such as: School Health;</p> <p>Physiotherapy (PO), Occupational Therapy (OT) or Paediatrician</p> <p>Carry out and review further assessments as required and/or as advised by outside agencies</p> <p>Ensure Class teacher and Teaching assistants receive relevant Continuing Professional Development (CPD), e.g. manual handling</p>	<p>Continue with any relevant strategies from Wave/Level1, plus:</p> <p>Provide flexible, adult assistance as necessary to access the curriculum, manage their condition, or move with safety around the environment</p> <p>Flexible support in school to include dressing and undressing, and toileting</p> <p>Provide extra time to deliver targeted and additional motor skills development</p> <p>Ensure access to additional and specialised IT equipment, as required</p> <p>Consider access arrangements for external tests and exams, and apply for/implement as necessary</p> <p>Use strategies to reduce or provide alternative methods of recording written work</p> <p>Teach child or young person how to use planner, diary, lists to organise themselves as appropriate</p> <p>Allow additional time to complete tasks</p> <p>Where possible, provide alternatives to taking part in competitive team games where child or young person may feel self-conscious</p> <p>Allow child or young person to leave early when travelling between classes to avoid large groups in corridors and enable extra travel time e.g. to go to lift</p> <p>Provide appropriate size and height chairs/tables to encourage a correct posture and to support fine motor function and writing</p> <p>Following advice from Occupational therapists, provide handrails on stairs and consider access to toilet facilities</p> <p>Ensure child or young person is able to reach and use facilities e.g. hand basins/taps/coat pegs /lockers</p>

		<p>Give consideration to transporting of food at lunchtime e.g. assistance with trays and seating</p> <p>Provide a locker for child or young person to store books etc. rather than needing to carry them around during the day</p> <p>Provide option for child or young person to sit on a chair rather than on the floor at carpet time/assemblies. Can have a classmate do the same if appropriate</p> <p>Ensure the child or young person can be safely evacuated during an emergency and write a personal emergency evacuation plan (PEEP) if necessary</p>
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Evidence of Graduated Approach-How do we track and record progress and outcomes?

IEP, which should include:

Record of parental views

Record of child or young person's views

Collated assessment data from a range of sources (e.g. class teacher and HOI)

Record of desired outcomes for child or young person

Record of implemented resources and strategies including resulting impact and progress (assess, plan, do, review cycles)

Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle

Record of any external support, contact or advice, e.g. health reports or health care plans

Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)

If "Impact on Learning" indicators remain and progress has not been made continue to Wave/Level 3

Graduated Approach Tables Physical Needs- Level 3 & Wave 3

Impact on Learning-What are we seeing?	Response-What should we do next?	Strategies-What can we put in place?
<p>Observed persistent and significant difficulties with the following:</p> <p>Despite implementation of strategies from Wave/Level 1 & 2, progress for the child or young person is either:</p> <p>significantly slower than that of their peers starting from the same baseline</p> <p>failing to match or better the child or young person's previous rate of progress</p> <p>failing to close the attainment gap between the child or young person and their peers or widening the attainment gap</p> <p>Their ability to function independently in the school environment and in their everyday life</p> <p>May require significant therapies and/or medical interventions</p> <p>May require adult support to navigate around the school</p> <p>May require adult support to access and use equipment safely in practical lessons e.g. science/cooking</p> <p>Child or Young Person requires Specialist medical intervention</p> <p>Manual handling e.g. hoists, changing plinths</p> <p>Change of position during the day into specialist equipment</p> <p>Adult support for independence and self-care</p> <p>Educational environment which allows easy access moving around indoors and outdoors</p>	<p>Class teacher, HOI, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period</p> <p>If necessary:</p> <p>Obtain and record updated parents' views</p> <p>Obtain and record updated child or young person's views</p> <p>Continue to act on external advice from educational and health agencies as necessary</p> <p>Carry out and review further assessments as advised by outside agencies</p> <p>Implement strategies (including provision of targeted support and/or resources)</p> <p>Ensure Class teacher and Teaching Assistants receive relevant Continuing Professional Development (CPD)</p>	<p>Continue with any relevant strategies from Wave/Level 1 & 2, plus:</p> <p>Follow IEP for specific outcomes</p> <p>Monitor the impact on other areas of learning e.g. social and emotional well being</p> <p>Adaptations to the school environment e.g. changing plinths/ramps/hoists</p> <p>Consider space needed to accommodate specialist equipment e.g. walker</p> <p>Ensure access to specialised seating and/or height adjustable tables</p> <p>Carry out lessons on ground floor if no suitable access to classrooms on upper floors</p> <p>Consider adaptations required in practical lessons e.g. ovens in cookery to be wheelchair accessible</p> <p>Ensure the child or young person can be safely evacuated during an emergency and write a personal emergency evacuation plan (PEEP) if necessary</p> <p>Use specialist equipment for manual handling/ changing, as required</p> <p>Implement individualised health care plan</p> <p>Implement individualised postural management programme</p> <p>Provide access to hydrotherapy if appropriate to their medical needs and physiotherapy intervention plan</p>
Evidence of Graduated Approach-How do we track and record progress and outcomes?		

IEP (reviewed annually, and updated if appropriate)

Record of parental views

Record of child or young person's views

Ongoing, collated assessment data from a range of sources (e.g. class teacher and HOI)

Smaller, SMART targets for child or young person based on outcomes described in IEP

Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles) Includes specific amounts (times and costs) – e.g. costed provision map

Log of meetings with parents - minimum of 3 meetings within a 12-month period to support assess, plan, do and review cycle

Record of any external support, contact or advice (including reports or assessments, e.g. health report or health care plan) which has been implemented and reviewed

Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)