

Graduated Approach Tables Sensory Needs (Visual Impairment)

Wave/Level 1

Impact on Learning What are we seeing?	Response-What should we do next?	Strategies-What can we put in place?
<p>The child or young person has:</p> <p>A recognised visual impairment and/or an assessed visual deficit, which is not fully corrected by glasses/lenses</p> <p>Access to standard learning resources</p> <p>Access to computers</p> <p>The child or young person has observed emerging and/or fluctuating difficulties or deterioration in the following areas:</p> <p>Deteriorating handwriting – may be unusually small or large, or letters may be poorly formed</p> <p>Difficulty copying accurately either from board or close to.</p> <p>Remembers and understands things which have been verbally explained rather than what has been read or seen</p> <p>When reading may skip letters, lines and words and may cover an eye when reading or performing close tasks</p> <p>Shows signs of poor hand eye coordination and over and under reaching</p> <p>Appears clumsy and may often trip or fall</p> <p>May have difficulties with depth perception</p> <p>May experience contrast sensitivity issues.</p> <p>May be light sensitive (photophobic) Children or young people may tire easily or easily distracted by precision tasks</p> <p>May thrust head forward to squint when looking at near/far</p> <p>May hold equipment unusually close or at a strange angle</p>	<p>Talk to parents and/or child/young person in order to:</p> <p>Establish whether the child or young person is known to have a visual impairment</p> <p>Check to see if all vision checks are up to date and establish if having similar issues at home</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</p> <p>Carry out further assessments as necessary. This may include an assessment for a magnifier and subsequent loan of a magnifier from the local NHS Trust.</p> <p>Discuss concerns with Head of Inclusion</p> <p>Signpost child or young person, parents and staff to relevant information and services</p> <p>Implement strategies (including targeted support and/or resources)</p>	<p>Try out different paper or Smartboard colours to try to find best contrast Intersperse short spells of visual activity with less demanding activities</p> <p>Eliminate inessential copying from the board Where copying is required, ensure an appropriate individual print size photocopy is available</p> <p>Provide individually modified materials as advised</p> <p>Ensure child is positioned with back to windows, so that the light source streams from behind.</p> <p>Ensure child or young person has own appropriately modified text or screen with access features selected.</p> <p>Plan and support opportunities for information sharing and liaison between school staff, parents, and other agencies, as required</p> <p>Provide recommended equipment and encourage its use, for example: specific writing implements and/or lined paper Ensure safe access to physical and practical subjects</p> <p>Tasks may need to be differentiated by recording methods to reduce onerous, unnecessary recording.</p> <p>Provide appropriately modified learning materials</p> <p>Provide additional time to complete tasks Make reasonable adjustments to the learning environment</p> <p>Maintain high expectations of learning success.</p> <p>Remember Visual Impairment does not necessarily present as learning difficulties. Visual impairment is more often a barrier to learning to be overcome by modified materials, an adapted environment and inclusive teaching practices.</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 that 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) Additional documents (if relevant/appropriate for individual): Outcomes of Functional Visual Assessment Vision Reports from Consultant Ophthalmologist or Eye Specialist
If "Impact on Learning" indicators remain and/or progress has not been made continue to Level/Wave 2

Sensory Needs (Visual Impairment) Wave/Level 2

Impact on Learning- What are we seeing?	Response-What should we do next?	Strategies-What can we put in place?
<p>As at Level/Wave 2, the child or young person has: A recognised visual impairment and/or an assessed visual deficit, which is not fully corrected by glasses/lenses</p> <p>The child or young person has: Reduced access to standard print Limited access to whole class presentations The child or young person has one or more of the following: Limited access to standard practical activities A need to type some work in order to access their own work A need for accessibility settings and/or specialist software to access computers A need for supervision or support in unfamiliar or hazardous situations</p> <p>And/or observed persistent and moderate difficulties with the following: Difficulty with forming or reading back own handwriting – may be unusually small, large or letters poorly formed Difficulty copying accurately either from board or from table top learning materials When reading may skip letters, lines and words Shows signs of poor hand eye co-ordination and over- and under-reaching Children or young people may tire easily or be easily distracted from precision tasks Move close to items to view them or hold them at an angle</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 12month period If necessary: Establish whether the child or young person is known to have a visual impairment Check with parents to see if all vision checks are up to date Obtain and record updated parents' views Obtain and record updated child or young person's views Complete an IEP and review on a regular basis (e.g. at least termly) Seek external advice from educational agencies such as Educational Psychologist or from health professionals such as School Health or Ophthalmologist Implement strategies (including targeted support and/or resources) Carry out and review further assessments as required and/or as advised by outside agencies Ensure Class teacher and Teaching Assistants receive relevant Continuing Professional Development (CPD).</p>	<p>Continue with any relevant strategies from Wave/Level 1, plus:</p> <p>Provide adaptions to the learning environment Withdrawal sessions for individual or small group work may be necessary to: Complete tasks made slower by the visual impairment Prepare child or young person for a class activity/learning experience Reinforce mainstream work Provide additional hands on experience of materials or presentations Provide additional experiences of the environment to remedy a lack of incidental learning Learn particular skills to improve curriculum access e.g. touch typing or use of magnifiers or other specialist equipment Learn mobility skills Child or young person may benefit from using specialist equipment, for example: Sloping reading/writing boards Magnifiers Dark pens/pencils Dark lined books/paper Large print materials (e.g. reference books) Laptops/tablets CCTVs (Closed Circuit TVs, i.e. magnification aid) Printed material may need to be enlarged and modified, or accessed with magnification, as advised by a Qualified Teacher for Visual Impairment (QTVI). Follow advice submitted by the QTVI to facilitate access to the curriculum, for example: Use of whiteboard</p>

Adopts a noticeable head tilt or position Discrepancy between oral responses and written responses.		Accessibility of printed materials Modification of teaching methods used Speed of work Physical position of the child or young person Consider information from parents and other professionals in relation to the above also Consider whether some support from a teaching assistant/adult is required Ensure QTVI visits are timetabled, and a suitable room is provided for functional vision assessment or teaching sessions Consider whether typing tuition needs to be provided Consider access arrangements
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Evidence of Graduated Approach-How do we track and record progress and outcomes?

Individual Education Plan, 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. specialist reports, including assessment of child or young person's functional vision and advice about access arrangements
- Records of any completed observations or evidence that supports observed impact on learning (e.g. class work, photos etc.)
- Additional documents (if relevant/appropriate for individual)

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

Sensory Needs (Visual Impairment) Wave/Level 3

Impact on Learning- What are we seeing?	Response-What should we do next?	Strategies-What can we put in place?
<p>Additional to impact at Wave/Level 2</p> <p>The child or young person has observed persistent and significant difficulties with the following:</p> <p>Access to standard print and needs modified materials, or alternative formats, e.g. braille</p> <p>Learning from demonstrations and activities in lessons</p> <p>Recording/retrieving written work efficiently</p> <p>Organising learning materials</p> <p>Access to incidental learning and concept development</p> <p>Moving safely, independently and with appropriate speed</p> <p>The child or young person will also have one or more of the following:</p> <p>A need to use specialist equipment to provide efficient access to the curriculum</p> <p>A need for some individualised programmes of learning</p> <p>A need for some pre or post tutoring to ensure full access to learning</p> <p>Slower work rate/ability to process visual information</p> <p>A need for provision of alternate physical activities</p> <p>A need for a programme to support personal, social and emotional development and self-help skills</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 12month period If necessary:</p> <p>Obtain and record updated parents' views</p> <p>Obtain and record updated child or young person's views</p> <p>Review IEP (at least termly)</p> <p>Continue to act on external advice from specialists</p> <p>Carry out and review further assessments as advised by outside agencies</p>	<p>Continue with any relevant strategies from Wave/Level 3, plus:</p> <p>Employ a differentiated/modified curriculum</p> <p>Provide support to meet needs as detailed in QTVI recommendations</p> <p>Provide significant modification of materials and presentation to facilitate access to the curriculum</p> <p>Will require targeted support from a teaching assistant and/or preparation of modified resources to access the curriculum</p> <p>Ensure that specialist equipment is integrated into the inclusive learning practice of the classroom.</p> <p>Provide appropriate learning space, storage space and a recharging point for equipment</p> <p>Ensure that specialist equipment is kept in good working order and inform QTVI of any problems.</p> <p>Provide child or young person with time for pre or post tutoring</p> <p>Provide alternative or differentiated physical activities if and when required/advised</p> <p>Provide time for joint planning between school staff and QTVI</p> <p>Provide sufficient time for school TAs to acquire specialist skills, e.g. Braille</p> <p>Actively support the child or young person in using specialist skills as an integral part of the school day</p> <p>Defined and time limited programmes of specialist teaching, e.g. Use specialist equipment, Social skills</p> <p>Ongoing, weekly specialist teaching of Alternative Formats, such as Braille, Moon, Audio.</p> <p>Ongoing specialist teaching for curriculum support</p> <p>Ongoing support around social and emotional aspects of learning</p> <p>Ongoing training for school TAs</p> <p>Habilitation Specialist</p> <p>Assess skills in mobility</p> <p>Assess independent life skills</p>

		<p>Create and implement a programme of work to develop mobility skills and techniques</p> <p>Create and implement a programme of work to develop independent life skills</p>
Evidence of Graduated Approach-How do we track and record progress and outcomes?		
<p>Individual Education Plan (reviewed annually, and updated if appropriate)</p> <p>Including the following:</p> <p>Record of parental views</p> <p>Record of child or young person's views</p> <p>Ongoing, collated assessment data from a range of sources (e.g. class teacher and HOI)</p> <p>Smaller, SMART targets for child or young person based on outcomes described in IEP</p> <p>Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles)</p> <p>Includes specific amounts (times and costs) – e.g. costed provision map</p> <p>Log of meetings with parents - minimum of 3 meetings within a 12-month period to support assess, plan, do and review cycle</p> <p>Record of any external support, contact or advice, which has been implemented and reviewed</p> <p>Records of any completed observations or evidence that supports observed impact on learning (e.g. class work, photos etc.)</p>		

Sensory Needs (Hearing Impairment) Wave/Level 1

Impact on Learning- What are we seeing?	Response-What should we do next?	Strategies-What can we put in place?
<p>Child or young person may exhibit some emerging and/or fluctuating difficulties with the following:</p> <p>Receptive and expressive language</p> <p>Attention and concentration</p> <p>Understanding verbal (spoken) information</p> <p>Following instructions</p> <p>Missing key information</p> <p>Misunderstanding key information</p> <p>Processing auditory information, including verbal and non-verbal information</p> <p>Listening in the presence of background noise and/or locating the speaker in large/noisy environments</p> <p>Acquiring and retaining vocabulary (may be observed as vocabulary gaps or poor language skills where they may have missed early vocabulary)</p> <p>Often asks for repetition</p> <p>Volume of voice (i.e. abnormally loud or quiet voice)</p> <p>Acquisition of phonic skills (which may impact early stages of reading)</p> <p>Frequent colds/ear infections</p> <p>Problems with self-esteem, emotional wellbeing and social interaction</p> <p>Fatigue due to level of concentration required</p>	<p>Talk to and/or child/young person in order to:</p> <p>Establish whether the child or young person is known to have a hearing loss/impairment</p> <p>Ask them to request a referral for a hearing assessment via GP or specialist</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 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</p> <p>Complete Inclusion Classroom Audit ensuring all strategies are included – Hearing Impairment (HI)</p> <p>Discuss concerns with HOI</p> <p>Implement strategies (including targeted support and/or resources)</p> <p>Consider Continuing Professional Development (CPD) requirements and support for staff, and implement.</p> <p>Access any appropriate training from SALT</p>	<p>Implement advice from Speech and Language Therapist, if required School to plan and support opportunities for information sharing and liaison between school staff, parents, and other agencies, as required</p> <p>Consider seating arrangements to ensure that the child or young person can see the teacher clearly and also see other speakers Keep hands away from mouth and avoid standing in front of windows – your face becomes difficult to see</p> <p>Encourage child or young person to pay close attention to the speaker's face</p> <p>Ensure you have child or young person's full attention before important information is given</p> <p>Allow more thinking and talking time in group discussions</p> <p>When asking a direct question to the child or young person, use appropriate and simplified language and allow additional time to respond</p> <p>Repeat contributions from other children – their voices may be softer and their speech more unclear</p> <p>Provide key words and/or additional visual support as prompts or to reinforce learning</p>
Evidence of Graduated Approach-How do we track and record progress and outcomes?		
<p>Brief record of parental views</p> <p>Brief record of child or young person's views</p> <p>Collated assessment data</p> <p>Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)</p> <p>Brief record of any external support or contact (e.g. records of telephone conversation or emails)</p>		

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

Sensory Needs (Hearing Impairment) Wave/Level 2

Impact on Learning-What are we seeing?	Response-What should we do next?	Strategies-What can we put in place?
<p>Child or young person:</p> <p>Has a diagnosed hearing loss (which is confirmed by up-to-date information from specialist) AND</p> <p>May have hearing aids (including Cochlear Implants)</p> <p>OR</p> <p>Is suspected of having a hearing loss and is undergoing clinical assessment</p> <p>Has Auditory Neuropathy, APD or hyperacusis (with white noise generators) which impacts on their academic achievement.</p> <p>Child or young person may exhibit some emerging and/or fluctuating difficulties with a number of the following:</p> <p>Receptive and expressive language</p> <p>Attention and concentration</p> <p>Understanding verbal (spoken) information</p> <p>Following instructions</p> <p>Missing key information</p> <p>Misunderstanding key information</p> <p>Processing auditory information, including verbal and non-verbal information</p> <p>Listening in the presence of background noise and/or locating the speaker in large/noisy environments</p> <p>Acquiring and retaining vocabulary (may be observed as vocabulary gaps or poor language skills where they may have missed early vocabulary)</p> <p>Often asks for repetition</p> <p>Volume of voice (i.e. abnormally loud or quiet voice)</p> <p>Acquisition of phonic skills (which may impact early stages of reading)</p> <p>Frequent colds/ear infections</p> <p>Problems with self-esteem, emotional wellbeing and social interaction</p> <p>Fatigue due to level of concentration required</p>	<p>Referral for specialist involvement</p> <p>Multi agency meetings involving - Class teacher, HOI, parents, ToD and child/young person to liaise on a regular basis to:</p> <p>Obtain and record updated parents' views</p> <p>Obtain and record updated child or young person's views</p> <p>Establish the extent to which the child or young person is known to have a hearing loss/impairment</p> <p>Discuss observations and recommended course of action (provision plan) with parent(s)</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</p> <p>Carry out further assessments as necessary</p> <p>Signpost child or young person, parents and staff to relevant information and services</p>	<p>Follow advice from Teacher of the Deaf (TOD) regarding appropriate classroom management strategies,</p> <p>Ensure TOD visits are timetabled, and a suitable room is provided for assessment/audiological support and/or teaching sessions</p> <p>Implement advice from SALT, if required</p> <p>Ensure access arrangements for exams are applied for and provided</p> <p>School to plan and support opportunities for information sharing and liaison between school staff, parents, and other agencies, as required</p> <p>School may wish to purchase an auxiliary aid, such as Roger or Soundfield etc., which will further enhance the student's access to sound. Some small group or individual interventions may be required for the following:</p> <p>Development of listening skills</p> <p>Language development including vocabulary</p> <p>Pre/post tutoring of subject-specific curriculum vocabulary and/or concepts</p> <p>Social Emotional skills</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 school 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) Additional documents (if relevant/appropriate for individual): Professional Advice Evidence of any Assess/Plan/Do/Review cycles which have been completed

If “Impact on Learning” indicators remain and/or progress has not been made - Continue to Wave/Level 3

Sensory Needs (Hearing Impairment) Wave/Level 3

Impact on Learning-What are we seeing?	Response-What should we do next?	Strategies-What can we put in place?
<p>The child or young person has a diagnosed permanent bilateral hearing loss and will require hearing aids or cochlear implants in order to access sound.</p> <p>The child or young person will also have observed persistent and significant difficulties with a number of the following:</p> <p>Delayed language development</p> <p>May have BSL as first language</p> <p>An inability to access the mainstream curriculum through personal amplification alone within the allowed timescale and at normal teaching pace</p> <p>A requirement for high levels of targeted intervention to facilitate access to a differentiated curriculum</p> <p>Support with social and emotional aspects of learning</p> <p>A requirement for alternative modes of communication</p> <p>Additional learning difficulties and disabilities</p> <p>Difficulty establishing friendships with hearing peers</p> <p>May need to focus their visual attention for long periods of time (e.g. to watch a signer or lip)</p>	<p>Class teacher, HOI, parents, ToD and child/young person continue to liaise on a regular basis If necessary</p> <p>Obtain and record updated parents' views</p> <p>Obtain and record updated child or young person's views on IEP</p> <p>Continue to act on external advice from educational and health agencies as necessary.</p> <p>Specialist teams may include hearing assessment clinic/cochlear implant centre, teacher of the deaf (TOD), educational audiologist, community paediatrician and educational psychologist</p> <p>Deaf awareness training for all staff</p> <p>Implement strategies (including provision of targeted support and/or resources)</p>	<p>Continue with any relevant strategies from Wave/Level 3, plus:</p> <p>Facilitate child or young person's use of the following if required according to their needs (following advice from the Specialist Team and/or Speech and Language Therapy):</p> <p>May need intensive hearing, speech and language rehabilitation following hearing aid fitting or cochlear implant surgery</p> <p>Use of sign language to supplement delayed or limited spoken language</p> <p>Provide support to meet needs as detailed in TOD recommendations</p> <p>Provide teacher led small group work</p> <p>Provide access to quiet working spaces for tutorial/small group work and specialist assessment</p> <p>Use a differentiated/modified curriculum, as required</p> <p>Reinforcement of curriculum through additional methods, e.g. sign, use of visual resources, pre/post tutoring, small group work</p> <p>Facilitate frequent contact with teacher of the deaf (TOD), for example to provide: specialist teaching and assessment, pre and post tutoring, auditory rehabilitation, plus staff training</p> <p>Suitable/alternative curriculum, exams, vocational assessments/learning environment</p> <p>Daily teaching from a Teacher Of the Deaf (TOD)</p> <p>Curriculum delivered through sign language or alternative modes of communication</p> <p>If required:</p> <p>Implement SALT Care plan</p>

		Liaise with Speech and Language Therapist
Evidence of Graduated Approach-How do we track and record progress and outcomes?		
<p>IEP (reviewed annually, and updated if appropriate)</p> <p>Record of parental views</p> <p>Record of child or young person's views</p> <p>Ongoing, collated assessment data from a range of sources (e.g. class teacher, HOI, SaLT and ToD)</p> <p>Smaller, SMART targets for child or young person based on outcomes described in IEP</p> <p>Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles)</p> <p>Includes specific amounts (times and costs) – e.g. costed provision map</p> <p>Log of meetings with parents - minimum of 3 meetings within a 12-month period to support assess, plan, do and review cycle</p> <p>Record of any external support, contact or advice (including reports or assessments) which has been implemented and reviewed</p> <p>Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)</p> <p>Additional documents (if relevant/appropriate for individual):</p> <p>Record of ongoing liaison between TOD, parents and other agencies (including SALT, if required)</p> <p>SALT care plan (including any review/evaluation)</p>		