

SPECIAL EDUCATIONAL NEEDS

Introduction

This policy has been written in line with the Code of Practice for Special Educational Needs (DfES 2001).

A central part of the school's mission statement is that all pupils are valued equally. This relates to pupils of all abilities and disabilities, of both sexes, from all cultures.

The school seeks to ensure that all pupils reach their potential and that achievement at all levels of formal assessment and examination is recognised.

All pupils, regardless of levels of attainment, should have equal access to the National Curriculum at KS3 and an appropriate curriculum at KS4. Full involvement in all school activities is encouraged and expected.

The school aims to use its staffing and resources in the most effective way possible to help pupils with special educational needs, recognising that all staff need appropriate training to be able to help pupils achieve their potential.

Definition of special educational needs

A pupil has special educational needs if he or she :

- a) has a significantly greater difficulty in learning than the majority of children of the same age.
- b) has a disability which either prevents or hinders the child from making use of educational facilities of a kind provided for children of the same age in schools within the area of the local LA.
- c) has emotional or behavioural problems which hinders the child from reaching full potential.

The fundamental principles of the Code of Practice are:

- children with special educational needs should have their needs met
- all teachers are teachers of children with special needs
- the special educational needs of children will normally be met in mainstream schools or settings
- the views of the child have been sought and taken into account
- parents have a vital role to play in supporting their child's education
- children with special educational needs should be offered full access to a broad, balanced and relevant education

School Admissions

St Thomas More Catholic School & Technology College follows the admissions procedure prescribed by the DCSF with regard to special educational needs. It admits pupils with already identified special educational needs, as well as identifying and providing for pupils not previously identified. Pupils with special educational needs must be treated as fairly as all other applicants for admission on the basis of the school's published admissions criteria.

Roles and Responsibilities

Governing Body

The Governing Body should, in cooperation with the Headteacher, determine the school's general policy and approach to provision for children with special educational needs, establish the appropriate staffing and funding arrangements and maintain a general oversight of the school's work. The governing body may appoint one member to take a particular interest in and closely monitor the school's work on behalf of pupils with special educational needs. The governing body must report to parents annually on the school's policy on special educational needs.

Special Educational Needs Co-ordinator

The SENCO, working closely with the headteacher, governors and all other staff, should be closely involved in the strategic development of the special educational needs policy and provision. The SENCO has responsibility for day-to-day operation of the school's special educational needs policy and for co-ordinating provision for pupils with special educational needs.

All Staff

All teaching and non-teaching staff should be fully aware of the school's policy for identifying, assessing and making provision for pupils with special educational needs. It is expected that most pupils will have their special educational needs met within mainstream classrooms in a mainstream school.

- Teachers should use a variety of teaching methods appropriate to the abilities and learning styles of the individual pupils.
- Subject teacher planning should be flexible so as to recognise the needs of all pupils as individuals and to ensure progression, relevance and differentiation.
- Staff should have access to appropriate training, materials and time to enable them to plan effectively for pupils with special educational needs. In particular, subject staff need joint planning time with support staff. The school will endeavour to make this available.

The Learning Support Group

Each department should nominate a member of staff to have key responsibility for special educational needs issues and to be part of the school's learning support group, which will be co-ordinated by the SENCO. Representatives from departments should take a lead role in attending the termly meetings (approx) of the learning support group and :

- feed back to department meetings
- ensure all staff have copies of the special educational needs register and IEPs and are familiar with their use
- have particular regard to special educational needs resources and strategies which could be adopted in the department
- help identify training or INSET needs
- liaise with the SENCO on special educational needs issues

The LA

The function of the LA is to make effective arrangements for special educational needs by ensuring that:

- the needs of children and young people with special educational needs are identified and assessed quickly and matched by appropriate provision
- high quality support is provided for schools and early education settings - including, through educational psychology and other support services, and arrangements for sharing good practice in provision for children and young people with special educational needs
- children and young people with special educational needs can benefit from co-ordinated provision by developing close partnership with parents, schools, health and social services and the voluntary sector
- strategic planning for special educational needs is carried out in consultation with schools and others to develop systems for monitoring and accountability for special educational needs

As part of their role in ensuring that needs are matched by appropriate provision, LAs should work with schools to evaluate the effectiveness of their school funding arrangements in supporting and raising the achievement of children with special educational needs.

Special Educational Needs Funding

St Thomas More School receives funding to meet the needs of pupils with special educational needs, in accordance with the policy of Warwickshire LA. It is the responsibility of the governing body, working closely with the headteacher and SENCO, to decide on the most appropriate use of the funding in terms of staffing and resources.

Stages of intervention for pupils with special educational needs

School Action

A child has special educational needs when the school has to 'provide interventions that are additional to or different from those provided as part of the school's usual differentiated curriculum'. School Action and School Action Plus do not define the severity of need but seek to describe the response which schools make to address the child's need. The Code of Practice is clear that there is no 'hard and fast' threshold of need which determines that a child has special educational needs. The key test of the need for action is evidence that current rates of progress are inadequate. A judgement has to be made in each case as to what is reasonable to expect a particular child to achieve.

If, despite appropriate differentiation through curriculum planning, learning tasks, support and teaching strategies, a pupil fails to make adequate progress then the school should consider whether the child has special educational needs and should be placed at *School Action*.

Such a child will be one who, despite receiving differentiated learning opportunities in the classroom over a period of at least school terms:

- makes inadequate or unsatisfactory progress even when teaching approaches are targeted particularly in a child's identified area of weakness
- shows signs of difficulty in developing literacy or mathematics skills which result in poor attainment in some curricular areas
- presents persistent emotional, social and behavioural difficulties which are not ameliorated by the behaviour management techniques usually employed in the school
- has sensory or physical problems, and continues to make little or no progress despite the provision of specialist equipment
- has communication and/or interaction difficulties, and continues to make little or no progress despite the provision of a differentiated curriculum

Intervention at School Action

The Code of Practice states that,

'The SENCO and the child's class teacher(s) should decide on the *Action* needed to help the child to progress in the light of their earlier assessment. There is sometimes an expectation that this help will take the form of the deployment of extra staff to enable one-to-one tuition to be given to the child. However, this may not be the most appropriate way of helping the child. A more appropriate approach might be to provide different learning materials or specialist equipment; to introduce some group or individual support; to devote extra adult time to devising the nature of the planned intervention and to monitoring its effectiveness; or to undertake staff development and training to introduce more effective strategies'.

Intervention through *School Action* may be wide ranging and various. Like the definition of special educational needs itself, it will depend on the context of the school. In Warwickshire the interventions should be resourced from the funds delegated to the school for the purpose of addressing special educational needs.

School Action will include:

1. The involvement of the SENCO

The SENCO should jointly plan the nature of the *School Action* intervention with the teacher/s and teaching assistants most involved with the pupil.

2. The Use of an Individual Education Plan

This is essential, though in some circumstances, a group education plan might be appropriate where particular learning needs are common to a number of pupils in the same class. The plan should, however, be different from and additional to a differentiated curriculum plan and should address the *particular learning needs* of the pupil. Reviewing the success of the plan is also essential.

School Action Plus

A pupil will require a higher level of specialist input when despite receiving an individualised programme and/or concentrated support under *School Action* for a period of at least two school terms he or she:

- continues to make little or no progress in specific areas over a long period
- continues working at National Curriculum levels substantially below that expected of children of a similar age
- continues to have difficulty in developing literacy and mathematics skills
- has emotional, social and behavioural difficulties which substantially and regularly interfere with the child's own learning or that of the class group, despite having an individualised behaviour management programme
- has special educational needs, sensory or physical needs, and requires additional specialist equipment or regular advice or visits by a specialist service
- has ongoing communication or interaction difficulties that impede the development of social relationships and cause substantial barriers to learning.

Intervention at School Action Plus

The higher level of intervention described above may be provided by specialists on the staff of the school or by external specialists. While *School Action Plus* will always be characterised by the involvement of *external* specialists, the involvement of external specialists need not be limited to such children.

In other words, the involvement of external agencies and specialists does not of itself result in a pupil being considered to be in receipt of intervention at *School Action Plus*.

As with the definition of special educational needs itself, the descriptions *School Action* and *School Action Plus* relate to the context of the school and its ability to meet need effectively itself. Given the differing levels of expertise and confidence between schools it is likely that pupils with identical needs will in one setting be in receipt of *School Action* and in another, *School Action Plus*. Therefore, both stages of need are determined within the St Thomas More Catholic School context which may well differ from neighbouring schools.

A pupil does not have to be at school action or school action plus to be receiving some form of support. Some support is part of a normal differentiated curriculum.

Statement of special educational need

If a pupil fails to make progress at *School Action Plus* for at least two terms and the appropriate external specialists' advice has been sought, the school will consider making a referral for a statutory assessment of special educational needs and a possible statement. In practice most pupils will have been referred before reaching secondary school.

Identification and Assessment

Pupils with special educational needs, and the nature of those needs, are identified in the following ways, usually when they join St Thomas More Catholic School & Technology College:

- Close liaison with primary schools to gather information on special educational needs and provision already being made
- Collection of attainment data consisting of KS2 SATs and a reading test undertaken by all pupils in the summer term of year 6. The information is given to all STM staff prior to pupils starting secondary school
- Observations made on work produced early on in secondary school
- Information and referrals from staff across the school, which is ongoing through assessment and monitoring
- Particular expressions of parental concern
- Assessments carried out by special educational needs staff or an external specialist

Individual Education Plans (IEPs) & the Special Educational Needs Register

Pupils at school action and school action plus will have an IEP drawn up by the SENCO, assisted by the learning support staff and the pastoral staff. The IEP is a planning, teaching and reviewing tool. It will focus on between one and four targets relating to the pupil's area of difficulty. The targets will be cross curricular for pupils with learning difficulties. SMART targets (ie short, measurable, achievable, relevant and time limited) which help the pupil achieve the general target will also be on the IEP. Learning support staff will work with the pupils on these targets and review progress through liaison with class teacher. IEPs will be produced for all pupils at school action, school action plus and with statements of special educational needs, in the first half of each Autumn Term with updates in the Spring Term. The IEPs will be collected together in a document circulated to all staff.

IEPs for pupils with behaviour, emotional and social difficulties will be produced by pastoral staff, assisted by learning support staff, updated monthly and made available to staff at a central point in the staffroom.

The two sets of IEPs will form the special educational needs register, a full copy of which will be kept in the Learning Support Department.

Use of IEPs

All staff teaching a pupil with an IEP needs to be familiar with its content in order to implement the targets where possible in their lesson and have regard for the learning or other needs of the pupil. In practice, this may involve some of the following:

- directing teaching assistant time in a particular way, working with or for individuals or groups of pupils, inside or outside of the classroom
- changing seating plans to reflect individual need
- the purchase or use of alternative, differentiated resources
- the use of teacher time to check individuals' understanding
- the setting of a different homework task for certain pupils.

Space will be available on the IEP document for subject teachers to make note of strategies and approaches to be used and to record comments on progress.

Involvement of Pupils, Parents and Review Arrangements

The Learning Support department will be responsible for communicating IEP targets to pupils with learning needs and their parents, and the pastoral staff will be responsible for those with behavioural needs. The SENCO and pastoral staff will meet parents at the appropriate Parents' Evenings for reviews of progress and at other times of the year as necessary.

An Annual Review meeting will be held for all pupils with statements of special educational needs, in accordance with LA guidelines. Prior to review meetings, learning support staff will liaise with subject staff to gather evidence of progress and undertake assessments if required.

Outside Agencies

It is the responsibility of the SENCO to keep up to date with the range of services available to the school from the LA and other agencies such as Health, and to make use of them, where appropriate, to meet individual pupil needs or staff development and training needs.

The SENCO will prioritise need and co-ordinate the time spent in school by specialist outside staff such as the Educational Psychologist and staff from the Learning and Behaviour Support Service.

The SENCO will make information available to parents on the Parent Partnership Service.

Self-Evaluation and Review

The Warwickshire LA self-evaluation of special educational needs in mainstream schools will be used at two yearly intervals to review the work of the department and school and to set priorities. The process will involve the SENCO, members of the learning support department, senior management and the LA's services such as LABSS and the SEN Monitoring Team.

SCHOOLING FOR CHILDREN WITH CANCER

This guide aims to provide some basic information which hopefully will help children with cancer to return to school.

EFFECTS OF THE DISEASE AND ITS TREATMENT

Cancer and its treatment can produce physical symptoms such as nausea, vomiting and fatigue, which can seriously interfere with the ability to participate in school. Other possible changes include weight gain or loss, swelling or puffiness of the face, muscle weakness and difficulties with walking or climbing stairs. Hair loss occurs at some stage in the majority of patients given chemotherapy. It is obvious that any of these physical changes can result in fears of teasing and rejection, and can seriously impair chances of resuming friendships and returning to school. The whole aim of treatment for these children is not only to control their disease, but also to help them return to a life as near to normal as before they became ill. For school age children, a return to school, with its friendships and academic satisfaction, is central to this philosophy.

RETURNING TO SCHOOL

Children are expected to return to normal school as soon as the intensive phase of their treatment is over. Naturally many are reluctant to return because of changes in their appearance, or anxieties about their abilities to cope, but it is very important that they should be encouraged to do so. It is helpful to plan for a child's return to the classroom by liaising with the family. Many teachers try to keep their class in touch with a pupil during absence in hospital with visits, letters, etc.

MEDICAL PROBLEMS

Cancer is not infectious, therefore there is no risk to others. However, during treatment children are at increased risk themselves. In most circumstances it is unnecessary to take special precautions, but there are two important exceptions - CHICKEN POX and MEASLES. It is very important that any actual, or suspected, exposures at school are reported to the family as soon as possible. It is very unusual for a child who is back at school, to have a medical crisis in the classroom. Minor medical problems eg nausea or headaches, should be dealt with as for any other child, but inform the family if these persist.

Sustaining contact, even if absence is prolonged, helps the child feel part of the class and often encourages a return to school. Before their return, it is helpful to give a simple explanation about the child's illness to the rest of the class. Although some children may be prepared to talk about their experiences when they have returned to school, others may not and their reluctance should be handled sensitively. Although it is important to make allowances for work missed during earlier absences, once back at school the children must be encouraged to achieve their full potential. In general, they should also be encouraged to undertake as much physical activity as they can comfortably achieve.

It is usual policy for the hospital to tell children the name of their disease and the reason for the treatment, but how much will depend on their age.

ACTION TO BE TAKEN FOR EPILEPSY**Signs**

- 1) Sudden loss of consciousness.
- 2) Casualty may become rigid and breathing may cease.
- 3) Mouth and lips will turn blue.
- 4) Muscles then relax, convulsions begin.
- 5) Incontinence may occur.
- 6) Fit lasts no more than five minutes.
- 7) Once conscious the casualty may be dazed and confused for up to an hour, and may want to rest quietly.

Treatment - Call first aider immediately.

- 1) Lie casualty down in a safe place.
- 2) Clear area around casualty.
- 3) Carefully loosen clothing around neck.
- 4) Place something soft under head.
- 5) Monitor breathing.

DO NOT

- 1) Move or lift the casualty, unless in danger.
- 2) Forcibly restrain.
- 3) Put anything in mouth, or try to open it.
- 4) Wake the casualty.
- 5) Give anything to drink.

THE DIABETIC CHILD AT SCHOOL Guidelines for Teachers

INTRODUCTION

Diabetes results from a lack of insulin which in turn causes a rise in the blood sugar level. Diabetics need treatment with insulin injections to lower the blood sugar, and this is balanced by a diet of known carbohydrate content.

A diabetic child will:

- a) Have one or more daily injections at home.
- b) Need regulated meals, containing approximately the same amount of carbohydrate foods each day, and will need small amounts of carbohydrate between meals - at the usual morning school break and during the afternoon.
- c) Do regular urine and blood tests at home (very occasionally may need to test at school).

A diabetic child will not:

- a) Be in any way different from other children in potential achievement.
- b) Need to avoid any school activity provided that some extra carbohydrate food is taken before and/or during strenuous activity.

POSSIBLE PROBLEMS

A diabetic child may at times show signs of having either too little or too much sugar in the blood.

Hypoglycaemia:

Hypoglycaemia, a "hypo", or "reaction", occurs when the blood sugar falls too low, usually after extra physical activity, or if a meal is not taken on time. The child may complain of: Hunger, stomach pain, pins and needles, headache or faintness etc, and may show signs of drowsiness, inattentiveness, pallor, sweating, slurred speech or bad temper. If these symptoms and signs are ignored increasing drowsiness, coma or fitting may follow, but they are easily controlled if treated promptly. Recovery is rapid and the child may return to normal class activities.

Treatment:

Most "hypos" or "reactions" only reach the early stages, and many children will take some sugar or glucose themselves at the onset of symptoms. If not, give three glucose tablets or three teaspoonfuls of sugar in a drink immediately. Keep the child under observation, and ensure that more solid food such as biscuits or a sandwich is taken as the child begins to recover. If however, a hypo has progressed so that the child will not co-operate, or is too drowsy to swallow, seek urgent medical help.

Never give fluids to an unconscious child.

Hyperglycaemia:

Hyperglycaemia or "ketosis" occurs when the sugar in the blood reaches high levels. It will usually follow an infection, poor previous control or over-eating, and is accompanied by thirst and the need to pass urine frequently.

If symptoms are ignored the child may become flushed, drowsy and may vomit. Hyperglycaemia however does not develop rapidly, and usually takes several hours. If the child is drowsy and/or vomiting, seek medical advice.

If there are any doubts regarding the child's symptoms, it is wise to give treatment for hypoglycaemia; should the blood sugar be normal or high the rise caused by extra glucose will be too slight to cause harm, but the child will respond rapidly if hypoglycaemia is responsible.

GENERAL ADVICE

- 1) It is important that all teachers in contact with the diabetic child know about his/her condition.
- 2) All teachers attending the child should have ready access to a supply of glucose or sugar. The diabetic child should always carry some form of glucose with them.
- 3) A diabetic child if ill, should never be expected to walk home alone, or be resting by him/herself.
- 4) Diabetic children may have all the same inoculations and vaccinations as other children.
- 5) Dental treatment under local anaesthetic may be carried out as usual, but if general anaesthesia is needed, the child must be admitted to hospital.
- 6) The diabetic child should be submitted to the same kind of discipline as any other child, but should not be detained from a meal or kept in after school.
- 7) Diabetes should not prevent the child from taking part in school trips, sporting activities etc, but a little extra care may be needed, and advice is readily available.

WHAT TO DO IF A CHILD HAS AN ASTHMA ATTACK

Because asthma varies from child to child, it is impossible to give rules that suit everyone; however the following guidelines may be helpful:

1) Ensure that the reliever medicine is taken

A reliever inhaler, usually blue, should quickly open up narrowed air passages.

2) Stay calm and reassure the child

Attacks can be frightening, so stay calm, the child has probably been through it before. Listen carefully to what the child is saying. It is very comforting to have a hand to hold but do not put your arm around the child's shoulder as this is very restrictive.

3) Help the child to breath

Encourage the child to breathe slowly and deeply. Most children find it easier to sit upright or leaning forward slightly. Lying flat on the back is not recommended.

Loosen tight clothing around the neck and offer the child a drink of water.

4) After the attack

Minor attacks should not interrupt a child's involvement in school. As soon as they feel better they can return to school activities.

Call a doctor urgently if:

- the reliever has no effect after five to then minutes
- the child is either distressed or unable to talk
- the child is getting exhausted
- you have any doubts at all about the child's condition

If a doctor is unobtainable call an ambulance.

Reproduced from National Asthma Campaign "Getting your breath back" leaflet
Registered charity number 802364

AUTISM

People with autism have a disability characterised by a triad of impairments. This is demonstrated by an absence or impairment of:

- 1) Two-way social interaction - affects ability to make relationships, failure to 'empathise' i.e. not understanding others feelings or intentions
- 2) Communication - difficulty making sense of and using all aspects of communication: verbal and non-verbal e.g. take things literally, prosody, odd or absent gesture or facial expression
- 3) Imagination - rigidity and inflexibility, difficulty in flexible thought which can extend to language and behaviour e.g. rituals and obsessions, insistence on sameness and little creativity.

All three areas of impairment must be present for a diagnosis and they will have been apparent before the age of three. They will also be out of keeping with their developmental level. The severity of each impairment will vary between individuals and over time. People diagnosed as having Asperger Syndrome are likely to have more language and be of average or above average ability. Motor co-ordination difficulties are also common with this higher functioning group.

CHARACTERISTICS OF PUPILS WITH AUTISM/ASPERGER SYNDROME IN SCHOOL (WMAS)

They may exhibit the following:

- 1) Lack of eye contact - may appear to be 'not paying attention'.
- 2) Failure to respond when addressed as a member of a group.
- 3) Finds any change difficult whether of classrooms, teachers, routines.
- 4) Unable to appreciate jokes or sarcasm or body language. Shouting at him/her is harmful. Slow response to questions or comments. Does not tell lies.
- 5) Obsessive interests and ritualistic behaviour.
- 6) May appear unco-ordinated and stupid - may be subject to bullying.
- 7) High level of anxiety and resultant stress and, possibly, depression.
- 8) Erratic personal organisation; losing books, money, equipment, letters to and from school.
- 9) Difficulty with any subject requiring imagination or pretence. Problems with making choices.
- 10) Odd behaviour - e.g. expecting instant attention, interrupting lesson.
- 11) Failure to realise the effect of their odd behaviour on other people - may lead to inappropriate actions - outbursts of temper or just inappropriate staring, smiling.

TIPS FOR TEACHING PEOPLE WITH ASPERGER SYNDROME

People with autism have trouble with organisational skills, regardless of their intelligence and/or age. Even a 'straight A' student with autism who has a photographic memory can be incapable of remembering a deadline for an assignment. In such cases, aid should be provided in the least restrictive way possible. Strategies could include having the student put a picture of a pencil on the cover of his notebook or maintaining a list of assignments to be completed at home. Always praise the student when he remembers something he has previously forgotten. Never denigrate or 'harp' at him when he fails. A lecture on the subject will not only NOT help, it will often make the problem worse. He may begin to believe he cannot remember to do or bring these things.

These students seem to have either the neatest or the messiest desks or lockers in the school. The one with the messiest desk will need your help in frequent clean ups of the desk or locker so that he can find things. Simply remember that he is probably not making a conscious choice to be messy. He is most likely incapable of this organisational task without specific training. Attempt to train him in organisational skills using small, specific steps. Visual cues, e.g. check-lists, colour-coding books and equipment for particular lessons will be helpful.

People with autism have problems with abstract and conceptual thinking. Some may eventually acquire abstract skills, but others never will. When abstract concepts must be used, use visual clues, such as drawings or written words, to augment the abstract idea. Avoid asking vague questions such as, "Why did you do that?" Instead, say, "I did not like it when you slammed your book down when I said it was time for gym". Next time put the book down gently and tell me you are angry. Were you showing me you did not want to go to gym, or that you did not want to stop reading?" Avoid asking essay-type questions. Be as concrete as possible in all your instructions with these students.

An increase in unusual or difficult behaviours probably indicates an increase in stress. Feeling a loss of control causes stress sometimes. Many times the stress will only be alleviated when the student physically removes himself from the stressful event or situation. If this occurs, a programme should be set up to assist the student in re-entering and/or staying in the stressful situation. When this occurs, a 'safe place' or 'safe person' may come in handy.

Do not take misbehaviour personally. The high- functioning person with autism is not a manipulative, scheming person who is trying to make life difficult. They are seldom, if ever, capable of being manipulative. Usually misbehaviour is the result of efforts to survive experiences that may be confusing, disorienting or frightening. People with autism are, by virtue of their disability, egocentric. Most have extreme difficulty reading the reactions of others.

People with autism use and interpret speech literally. Until you know the capabilities of the individual, you should avoid:

- idioms (e.g. save your breath, jump the gun, second thoughts)
- double meanings (most jokes have double meanings)
- sarcasm (e.g. saying, 'Great!' after he has just spilled a bottle of ketchup on the table)
- 'cute names' (e.g. Pal, Buddy, Wise Guy)

Remember that facial expressions and other social cues may not work. Most individuals with autism have difficulty reading facial expressions and interpreting 'body language'.

If the student does not seem to be learning a task, break it down into smaller steps or present the task in several ways (e.g. visually, verbally, physically)

Avoid verbal overload. Be clear. Use shorter sentences if you perceive that the student does not fully understand you. Although he probably has no hearing problem and may be paying attention, he may have difficulty understanding your main point and identifying important information.

Prepare the student for all environmental and/or changes in routine, such as assembly, supply teacher and re-scheduling. Use a written or visual schedule to prepare him for change.

Behaviour management works, but if incorrectly used, it can encourage robot-like behaviour, provide only a short term behaviour change or result in some form of aggression. Use positive and chronologically age-appropriate behaviour procedures.

Consistent treatment and expectations from everyone is vital.

Be aware that the student can perceive normal levels of auditory and visual input as too much or too little. For example, the hum of fluorescent lighting is extremely distracting for some people with autism. Consider environmental changes such as removing 'visual clutter' from the room or seating changes if the student seems distracted or upset by his classroom environment.

HEARING IMPAIRMENT

The following are some examples of good teaching practice when working with deaf children:

seat them near the front of the classroom

make sure that you have their attention before starting to talk, otherwise they may not get the first part of the conversation or instructions

speak clearly, naturally and at a normal rate - bear in mind that if you shout, this will distort lip patterns and can also give the impression from your facial expression that you are angry with them

face them when you are talking to them and allow some space between you and the child for signing or lip-reading purposes, ideally keep a distance of between 1 and 2 metres

remember that lip-reading involves a lot of guess-work because different words often have similar lip patterns

try not to cover your face with your hands or objects or walk around while you are speaking, as again it will make it difficult for a child to read facial expressions or lip-read.

it is helpful if a teacher repeats what the other pupils say, especially those who are sitting at a distance from a deaf pupil as they may not hear the comments, questions or answers.

avoid having your back to a window as this creates a shadow and makes it difficult for a deaf child to read facial expressions or lip-read

encourage the other children to speak one at a time and to raise their hand before speaking so that a deaf child is aware of who is talking

having a deaf child in the class can mean extra clarification and reinforcement for all children and that has to be a good thing

if a deaf child does not use sign language it is still helpful to use hands and facial expressions to gesture and support what you are saying

use whole sentences and not single words - if a child does not understand a word, use a different word with the same meaning.

do not talk at the same time as writing on the black/white board

allow pupils time to read or look at visual aids and/or instructions before talking

let them know when there is a new topic of conversation

encourage all children to say when they do not understand something as very often a deaf child will nod and smile when in fact they do not understand

get to know how they communicate most effectively and ask what is useful and what is not helpful

bear in mind that some deaf children may not have complete auditory access to what is happening around them

make sure not to partner the child with the same hearing peer continually, as you do not want the child to become too dependent.

Remember that no two deaf children are the same.

Reproduced from 'Deaf Friendly Schools' produced by The National Deaf Children's Society.