

Primary SEND Descriptors



The diagram consists of five purple hexagons arranged in two rows. The top row contains three hexagons, and the bottom row contains two hexagons. Each hexagon contains a descriptor for a primary SEND area.

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- Levels of attainment that are generally lower than those of their age equivalent peers.
- Some difficulty in acquiring skills, notably in language, literacy, numeracy skills (or early developmental skills).
- May be slower to use, retain and apply everyday concepts than age equivalent peers.
- May have mild levels of sensory impairment or fine motor skills, may need time allowed for mobility issues, may have difficulties related to behaviour, social or emotional issues and need some help with these. (also true for SpLD)
- Average or above levels of reasoning/ability with evidence of discrepancies between attainments in different core subjects or within one core subject of the NC.
- May be untidy, poor handwriting skills, low spelling scores.

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- Will have low attainment reflected in levels typical of two-thirds of chronological age
- May also be socially and emotionally immature and have limited interpersonal skills
- Will have difficulties with written and oral communication
- Emerging evidence of difficulties in tasks involving specific abilities such as sequencing, organisation, or phonological or short-term memory abilities
- Low level difficulties in the acquisition and/ or use of language
- Very specific difficulties (dyslexia, dyspraxia) affecting literacy skills, spatial and perceptual skills and fine and/or gross motor skills,
- Significant and persistent difficulties in the acquisition of reading, writing, spelling or number skills, which do not fit his/her general pattern of learning and performance.
- May have moderate and persistent difficulties in the acquisition and/or use of language, literacy and numeracy skills which affect progress in other areas of the curriculum.
- May also have difficulties with other areas e.g. motor skills, organisation skills, behaviour, social or emotional issues and multi-agency advice may be required.
- May also have difficulties with sequencing, visual and/or auditory perception, co-ordination, concentration or short-term working memory
- May have poor learning habits and concentration difficulties, be poorly motivated and resistant to learning.

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GLD: The gap between the student's performance and that of his/her peers is significantly wider than would normally be expected for students of his/her age.

SpLD: The student's difficulties in acquiring expected literacy and/or numeracy skills are significantly greater and more persistent than would normally be expected for students of his/her age.

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Students have regular opportunities to evaluate their performance in learning activities.

Students' self-assessment routinely used to set individual learning targets.

Full inclusion in all school assessments, statutory assessment and tasks. Parent/carer involvement through normal school policy arrangements.

General whole school training,

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- Additional to and different from
- Needs specific intervention
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- Use of data to assess progress
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- Mild social difficulties . Able to work on same tasks as peers with some additional support. Able to learn in the whole class group. Interested in peers and wants to have friends but needs help with this
- Student responds to planned strategies.
- Student may be developing understanding of their difficulty and can manage their levels of occasional mild anxiety and sensory needs. This will depend on the student, their age, cognitive ability and their autism.

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The students difficulties that may present in either the home and/or school may include:

- inability to interpret social cues,
- poor social timing,
- lack of social empathy,
- rejection of normal body contact or unawareness of other people's personal space,
- sensory reactions to body contact, difficulties maintaining appropriate eye contact,
- lack of social conversation skills,
- literal use and interpretation of speech, rigidity and inflexibility of thought processes,
- resistance to change,
- solitary play and unusually focused special interests.
- may have issues relating to health and personal care issues

The student can exhibit highly atypical behaviour, such as: obsessive, challenging and/or withdrawn behaviours, an inappropriate use of language, abnormal responses to sensory experiences and signs of distress requiring significant adjustments.

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- The student's impaired social development, rigidity of behaviour and thought and communications are enduring, consistently impeding his/her learning and leading to severe difficulties in functioning.
- Revision of the differentiated classroom provision for the student's education has not resulted in the expected progress towards achieving learning, pastoral and social interaction targets.
- In respect of receptive and expressive communication and social interaction, evidence of the student's need for a systematic programme to develop his/her understanding of verbal and non-verbal communication.
- Evidence of significant difficulties persisting for the student as a result of his/her inflexibility and/or intrusive obsessional thoughts.
- Evidence of a high priority having to be given to the management of the student's behaviour in the planning of most classroom activities and the organisation of his/her learning environment.
- High levels of anxiety are beginning to impact negatively on attendance (below 85%).

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- Effective home/school liaison
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- Students' self-assessment routinely used to set individual learning targets.
- A speech and language specialist may have assessed the student's progress and the student may be attending the local health clinic to receive speech and language therapy. At this stage the speech and language therapist will be working mainly in conjunction with the parent/carer. There may be some low-level contact between speech and language therapist and the schools.

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- Staff able to monitor and assess for access to special exam arrangements.
- Multi-agency advice may be required through the EHA or diagnostic process.
- Multi-agency support may be required due to overlap of educational, social or health needs.
- Parent/carer to be involved in the formulation, monitoring and implementation of targets.
- Staff have received focused training on the specific implications of the effects of SLCN on the student.
- A record will be kept of consultation with external professionals, such as the Educational Psychologists or Speech & Language Therapists if they are involved with the student.

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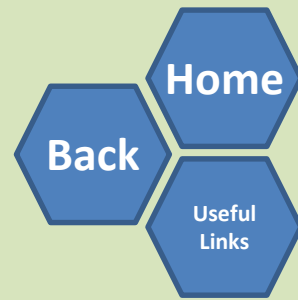
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- Occasionally withdrawn and isolated and on the fringes of activities.
- Involved in low level distractions which hinder own concentration and that of others.
- Students may have some difficulties with interpersonal skills, concentration (low level) and show signs of frustration at times.
- May occasionally be unpredictable or destructive.

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- The students difficulties that may present in either the home and/or school may include:
 - persistent emotional or behavioural difficulties that have not been ameliorated by differentiated learning opportunities or by the behaviour management techniques usually employed by the school,
 - poor concentration despite structured and time limited tasks – poor personal organisation skills,
 - may be withdrawn and isolated, generally seeking too little adult attention with limited or selective communication, may not communicate feelings,
 - difficulties with interpersonal communication or relationships, reluctant to share, reluctant to participate in social groups, distracts other students, careless with learning materials,
 - being bullied,
 - pre-empting failure in tasks
 - being reluctant to attend school
 - unwillingness to acknowledge or accept responsibility for his/her own actions.

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- SEMH is a barrier to learning and inhibits any participation, understanding and contribution to activities in the classroom.
- Significant difficulty in social interaction. Shows lack of trust in adults.
- Severe emotional difficulties.
- Behaviours result in significant risk of harm to self and others, even with close adult support, leading to extreme social isolation, vulnerability and disengagement.
- Takes physical risks and situations that have the potential to harm.
- Reasonable force is often necessary to safeguard the child and others.
- Extreme responses leading to an inability to engage with any formal learning situations
- Little evidence of positive social relationships leading to extreme social isolation, vulnerability and disengagement
- Complete disruption to social and emotional state, leading to extreme disengagement and isolation. A highly individualised programme is required.

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- The school will have a clear policies in place to promote social, emotional and mental health well being and the management of behaviours.
- The school will provide more focused opportunities to build self esteem, develop friendships and social skills. Self evaluation encouraged and developed.
- Students' self-assessment routinely used to set individual learning targets.
- Parent/Carer engagement and involvement are positively and actively promoted from the earliest opportunity.
- Targeted Mental Health in Schools resources.

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- Has physical needs but the student can be independent with some minor adaptations to the environment.
- The teacher has concerns based on observation of some minor physical difficulties e.g. motor control problems, hand eye co-ordination, problems causing difficulties in throwing, catching in P.E.

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- Medical condition may necessitate supervision or support for medication needs at specific times e.g. medication, diet, toileting
- Progress within the curriculum may be affected by condition or medication
- May participate in most/all activities but at a slower pace than peers or show signs of increasing fatigue during the school day
- will have a defined physical or medical condition that may be subject to regular medical/intervention;
- will have needs that may impact on their self-esteem and social relationships;
- will have moderate difficulties in aspects of curriculum access (e.g. wheelchair user);
- will have some gross and fine motor difficulties.
- Minor difficulties with spatial orientation;
- will make progress within the curriculum, but at lower levels than may be expected from performance on tasks where physical difficulty has less impact;
- will be independent in most activities;
- will be working at slower pace than peers or signs of increasing fatigue during the school day.

The student may:

- use specialist aids relating to their disability e.g. wrist splint;
- utilise limited, low tech specialist equipment to enhance their curriculum access;
- require limited adult assistance with practical aspects of the curriculum or self help skills or personal care.
- utilise specialist equipment to ameliorate difficulties with either curriculum or daily living tasks;
- require a medical plan;
- require a level of adult assistance to access the curriculum, manage their condition, or move with safety around the environment;
- exhibit fatigue, lack of concentration or motivation due to their condition that has having a marked effect on classroom performance.

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- Severe difficulties with the ability to function independently in the school environment and in their everyday life.
- May require daily therapy and medical intervention to crucially avoid pressure damage and maintain joint integrity.
- Supervision and support to navigate an appropriately adapted school building/campus and access to the curriculum.

If a wheelchair dependent user the student;

- will be a dependent wheelchair (electric or manual) and/or walking aid user with a severe physical difficulty.
- will have very restricted movement and hoisting/position changes required regularly during the day.
- will require intimate self care/self help skills to be met by others.
- will have minimal fine motor skills.
- may be at the early stages of developing mobility.

If not wheelchair dependent the student;

- will have a severe physical difficulty.
- may need the use of physical aids for example a standing frame or moulded seating.
- may have restricted purposeful hand movement.

May require intimate care/self help skills to be met by others.

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- Full inclusion in all statutory assessments, school assessments and tasks.
- General whole school training.

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- Application to High Needs Panel by completion of on-line form.
- Wide multidisciplinary team involvement may be required.
- SLT may be directly involved.
- Standardised assessments and/or diagnostic tests from other external professionals including medical are required.

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- May mean occasional absence from school The condition may influence tiredness and concentration levels.
- Students may need access to specific items of small equipment if medical conditions have resulted in minor motor impairments.

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- Student has severe difficulties with the ability to function independently in the school environment and in their everyday life.
- May require daily therapy and medical intervention to crucially avoid pressure damage and maintain joint integrity.
- May have a chronic condition, potential degenerative condition, newly acquired condition or has special educational needs in addition to physical difficulties.

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DfE guidance: **Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.**

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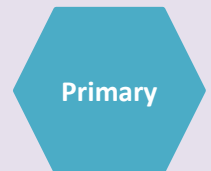
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- Most children will be able to participate in an ordinary setting and make progress through high quality provision, referred to as Quality First Teaching (QFT) which includes effective differentiation. 'Quality First Teaching' means appropriately planned, quality experiences and provision, built on observations of children's starting points and interests in order to develop their learning. Sensitive interactions are essential to support this.

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