The Mosslands School

SEN Handbook

September 2016

Mrs Helen Lubbe
Lead Teacher SEND

Mrs Allison Carruthers
Manager of Special Educational Needs and Disability Provision

The spectrum of needs at Mosslands

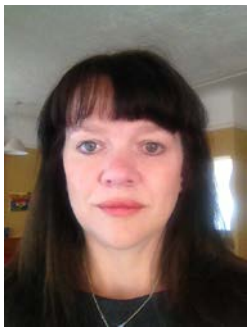
We have approximately 270 pupils on the SEN register with a wide range of different needs. Despite being categorised, each pupil will have a range of needs that we must support.

If any further information is needed on a particular pupil, please do not hesitate to contact, Allison Carruthers, the SEND Manager, Helen Lubbe, Lead Teacher for Special Educational Needs or Mrs Annette Frost, Dyslexia Specialist Teacher, as we are happy to go through pupils needs and support available. The Teaching assistants are very knowledgeable about pupils and have the advantage of seeing a range of strategies being implemented throughout the school.

Faculty SEN link staff.

The faculty SEN link staff will be working together throughout this year to pass on concerns, good practice and to promote the teaching of SEN pupils across the curriculum.

Who we are



Mrs Allison Carruthers - SEN Manager. M.A (Autistic Spectrum Disorder) CCET and on the British Psychological Society's Register for Qualifications in Test Use for Education

Mrs Sheila Coats – Assistant Head Teacher Student Services.

Mrs Sam Denheyer – Pupil support coordinator.

Mrs Annette Frost – Dyslexia Specialist Teacher. M.A (SEN:Dyslexia), Associate member of the British Dyslexia Association.

Mrs Linda Leonard – Administrator.

Mrs Helen Lubbe - Lead Teacher of Special Educational Needs. MA (SEN)

Rebecca Rowbotham- Learning and Behavioural Mentor (REFORMED)

Mrs Rowlands – Teaching assistant green room.

The TA team

Mrs Oldfield

Mrs Kewin

Mrs Roberts

Miss Moffatt

Mrs Safadi

Miss Everson

Mrs Hodgson

New SEND Code of Practice

The new SEN code of practice published January 2015 has made some significant changes to how we manage, identify and deal with pupils with a Special Educational Need or Disability
The previous graduated response of 'School Action', 'School Action Plus, and Statements have been replaced by ' SEN Support' and Education, Health and Care plans (EHCP) which incorporate all support from Education, Health Services and Social Care. The new EHCP can provide support from birth to age 25, if required. Pupils in school currently with a Statement, will have their Statement transferred to an EHCP before they leave their current educational placement.

At Mosslands School we have adopted the following approach;

- All pupils with a recognised SEND will be supported and monitored through our Provision Mapping system by their class teachers.
- Pupils who have specific needs or are experiencing difficulties that they don't feel are met through the Provision Map system, will have a pupil passport. Passports are developed during a one to one sessions with the pupil and represents the pupil's own thoughts and feelings. It is Mosslands interpretation of the one page profile. (see page 13 for further information.)
- The pupils with more complex SEN or those who are not making satisfactory progress with support through Provision Maps and Passports will have an Additional Support Plan (ASP). This is a detailed document that is used to map out all support in place for the pupil including any Health Service involvement or Social Care. This is a vital process for any pupils who are not making progress in order to formally review targets set and strategies in place. If targets continue to not be met despite high levels of support, the ASP is used to then apply to the Local Authority for a Statutory Assessment. If the assessment goes ahead, an EHCP may be offered. EHCP's (and current existing Statements) are a reflection of a full statutory assessment and they detail precisely the needs of the pupil and outline what support should be in place. This package is reviewed annually at a minimum, and more frequently where required. These pupils will have a Student Passport and will also be monitored through Provision Maps.
- Both the pupils' passports and the Additional support plans will be available electronically in the SEN file in G Drive, to ensure access to all who need them.

- The SEND List identifies pupils that have SEND Support with a ‘K’ code, EHCP with an ‘E’ code and Statements with a ‘S’ code.
- Pupils with a passport are identified on the Individual needs list and the passports are linked to their Sims profile in linked documents as well as being available in the Gdrive > Sen > Passports folder

The four categories of need are now referred to as;

- Speech, Language and Communication Needs
- Cognition and Learning
- Social, Emotional and Mental Health Needs
- Sensory and/or physical needs

The needs of pupils under these 4 sections are explained further on in this booklet.

Ofsted guidelines for teaching SEND

The Special Education Needs and Disability Review (2010) states that the following characteristics were found in the best lessons observed. Although these features are true for good teaching generally, they are particularly true for the teaching of disabled children and young people and those with Special Educational Needs and Disability.

When children and young people learned best:

- They looked to the teacher for their main learning and to the support staff for support.
- Assessment was secure, continuous and acted upon.
- Teachers planned opportunities for pupils to collaborate, work things out for themselves and apply what they had learnt to different situations.
- Teachers' subject knowledge was good, as was their understanding of pupils' needs and how to help them.
- Lesson structures were clear and familiar but allowed for adaptation and flexibility.
- All aspects of a lesson were well thought out and any adaptations needed were made without fuss to ensure that everyone in class had access.
- Teachers presented information in different ways to ensure all children and young people understood.
- Teachers adjusted the pace of the lesson to reflect how children and young people were learning.
- The staff understood clearly the difference between ensuring that children and young people were learning and keeping them occupied.
- Respect for individuals was reflected in high expectations for their achievement.
- The effectiveness of specific types of support was understood and the right support was put in place at the right time.

Due to the proposed Children and families bill, many changes are expected to happen over the next year. We will endeavour to keep staff up to date with the changes.

Quality first teaching

Quality First Teaching as part of 'Narrowing the Gap' agenda has key characteristics such as:

- Highly focused lesson design with sharp objectives
- High demands of pupil involvement and engagement with their learning
- High levels of interaction for all pupils
- Appropriate use of teacher questioning, modelling and explaining
- An emphasis on learning through dialogue, with regular opportunities for pupils to talk both individually and in groups
- An expectation that pupils will accept responsibility for their own learning and work independently
- Regular use of encouragement and authentic praise to engage and motivate pupils.

Quality first teaching is also described as the Wave 1 of the National Strategies' three Waves of Intervention.

Wave 1 is about what should be on offer for all children: the effective inclusion of all pupils in high-quality everyday personalised teaching. Such teaching will, for example, be based on clear objectives that are shared with the children and returned to at the end of the lesson; carefully explain new vocabulary; use lively, interactive teaching styles and make maximum use of visual and kinaesthetic as well as auditory/verbal learning. Approaches like these are the best way to reduce, from the start, the number of children who need extra help with their learning or behaviour.

The Every Teacher campaign by The National Association for Special Education Needs (NASEN) has five key messages:

- **Every teacher is responsible for every pupil in their class.**
- **Every teacher is accountable for every pupil's progress.**
- **Every teacher is entitled to high quality professional development.**
- **Every teacher should understand the individual needs of all their pupils.**
- **Every teacher should have the support of a qualified and experienced SEN team.**

Using Support in the classroom.

Learning support in the classroom can offer support in a number of ways;

- Supporting the pupils
- Supporting the teacher
- Supporting the school

Supporting the pupils

- Developing an understanding of the specific needs of the SEN pupils.
- Establishing a supportive relationship with pupils and developing methods of promoting and reinforcing their self-esteem.
- Helping pupils to learn as effectively as possible in both group situations and on their own.
- Clarifying and explaining instructions.
- Ensuring the pupils are able to use the materials and equipment needed.
- Motivating and encouraging pupils when necessary.
- Assisting them in weak areas such as literacy, behaviour and presentation skills etc.
- Helping pupils to stay on task and finish the work set.

Supporting the teacher

- Providing regular feedback about pupils to the class teacher.
- Liaising with the class teacher to devise differentiated learning activities.
- Contributing to the maintenance of pupils' records.

Supporting the school

- Contributing to established links between home and school.
- Liaising with other members of the team to support SEN pupils.
- Attending relevant in-service training.
- Being aware of established school procedures.

Decoding the SEN register

Surname	Forename	Reg	DOB	Status	Description
				K	SpLD, Social issues, spellings
				K	ASD, ADHD, Dyspraxia, literacy, numeracy
				E	SpLD (Dyslexic traits), organisation, uses sloping board and coloured acetates
				K	Behaviour
				K	Literacy (Spellings)
				H	Asthma, diabetic
				K	Behaviour, ADHD

K – Special Educational Needs support
S – Statemented
E – Education Health and Care Plan
M –Medical Needs
IPFA – Individual Pupil Funding Arrangement

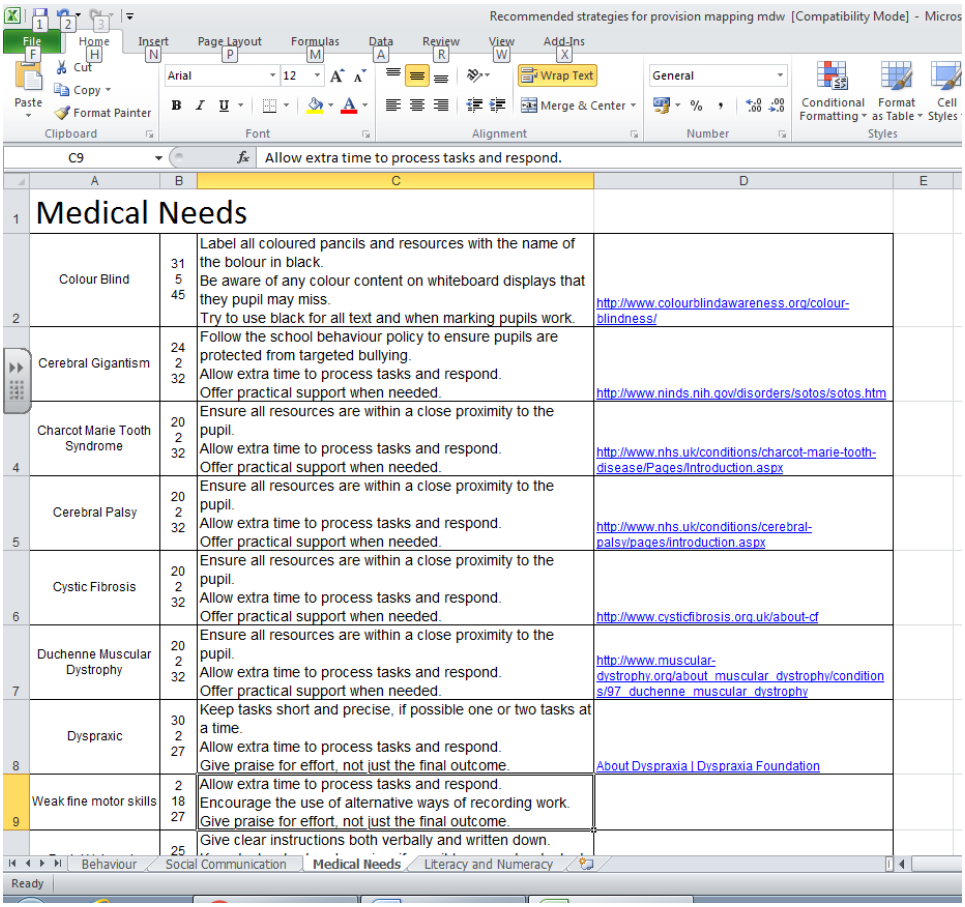
This is a brief description of the pupils need.
Further explanation can be found from page 15 onwards.

Provision mapping

Provision mapping is a record of who is in each class, what their additional needs are and how you support these pupils in lessons. Additional needs apply to SEN, G&T, EAL and LAC. These form a record of the support each pupil has in class and informs whole school planning as well as informing annual reviews and any requests for further support for pupils.

This school provision mapping system runs through the mark sheet entry in Sims and is reviewed on a termly basis. Staff choose up to 3 strategies from a bank of strategies. Any additional strategies that want adding can be added throughout the school year.

There are recommended combinations of the strategies on the G drive in the Sen folder > Provision mapping > recommended strategies for provision mapping.



There are also links to resources for any medical needs, should staff wish to do further reading.

Pupil passports

Below is an example of a pupil passport. As discussed earlier these are for pupils who are experiencing difficulties that they don't feel are met through the Provision Map system. All pupils with a Statement of SEN or an EHCP will have a pupil passport and key SEND and vulnerable pupils will also encouraged to develop one with a member of Student Services. These will be available to staff on the pupils Sims profile through linked documents and in the SEN file on G Drive as well as a copy being given to the pupil to carry with him.
This is a key document in supporting the pupil voice and in making information available to staff to inform their lesson planning to support those pupils in class.
The pupil passport is written by the pupil with support, to show what they want staff to know about them, what they find hard and how they can be supported.

'Children and young people with SEN have unique knowledge of their particular circumstances. They have aspirations and goals. They have views on what might be done to remove any barriers to their learning and participation. They should be supported to participate in decisions about their own life' Ofsted 2014

		Student Services Student Passport	The Mosslands School A TECHNOLOGY COLLEGE
D.O.B. 00.00.99			
Form		Faculty Liaison:	Date of Update:
Access Arrangements	**PHOTOGRAPH**	**I would like you to know that:** • • • • **This means that:** • • • •	**I find it difficult to:** • • • • •

It would help me if you could: • • • • •	**I will help myself by:** • • • • •

Additional support: • •	**Data:**	Reading age, English and Maths grades. Cats MIDYISS etc
	Intervention:	

Student Services Passport version 1 – Helen Lubbe Lead Teacher of SEND.

The passports are shared with the pupils family and can be reviewed at parents evening.

All the pupil passports will be updated during the first half term of the school year and year 7 passports added but they are reviewed throughout the school year as needed.

Health care plans.

If appropriate, Health Care plans are implemented that may or may not link in with a pupil's status on the SEN register.

Not all pupils with a Health care plan are on the SEN register but are stated in the Medical needs register. This is also located on the G drive and linked with the students profile in Sims. Individual Health Care Plans are reviewed annually.

Conditions on the medical needs register include;

- Asthma
- Attention-Deficit Hyperactivity Disorder (ADHD)
- Cerebral Palsy
- Chronic Fatigue
- Clear Cell Sarcoma
- Colour Blindness
- Diabetes
- Duchenne Muscular Dystrophy
- Eczema
- Epilepsy
- Hearing Impairment
- Bowel and Stomach Complaints
- Allergies
- Nut allergies
- Neuropathy

Staff training

- Fire evacuation of Wheelchair pupils training has been delivered to all staff
- Pupils are issued with toilet passes for medical reasons.
- Epipen and Diabetes training is delivered every Autumn term by the school nurse for all staff.

Pupils needs at Mosslands

- Dyslexia
- ADHD and ADD – Attention Deficit Hyperactivity disorder
- Aspergers and Autism
- Dyspraxia – Developmental Co-ordination Disorder
- Literacy
- Numeracy
- Dyscalculia
- Dysgraphia
- Pupils in a state of stress and/or anger management
- Visual Difficulties
- Muscular Dystrophy
- Cerebral Palsy
- Cerebral Gigantism
- Charcot Marie Tooth Syndrome
- Cystic Fibrosis
- Foetal Valproate Syndrome
- Tourettes
- ODD (Oppositional Defiance Disorder)
- Spina Bifida

Dyslexia

Dyslexia is often referred to as a hidden disability. It affects approximately 10% of the population to varying degrees. It is best thought of as a continuum, not a distinct category, and there are no clear cut-off points. About 4% of the British population are severely dyslexic. Dyslexia is identified as a disability as defined in the Equality Act 2010.
Dyslexia occurs in people of all backgrounds and intellectual levels. In addition, dyslexia often runs in families: dyslexic parents often have children who are dyslexic.
It is biological in origin and is defined by a lack of phonological awareness, which is an ability to convert letter combinations to sounds and vice versa (a language-based learning disability). Dyslexia refers to a cluster of symptoms, which results in people having difficulties with specific language skills, particularly reading. Pupils with dyslexia may experience difficulties in other language skills such as spelling, writing, and speaking.

Some problems experienced by some dyslexics include:

- difficulty in decoding single words (reading single words in isolation)
- slow to learn the connection between letters and sounds
- confusing small words – at/to, said/and, does/goes
- difficulty in transposing number sequences and confusion of arithmetic signs
  (+ - x / =)
- difficulty remembering facts
- slow to learn new skills; relying heavily on memorizing without understanding
- difficulty planning
- use of an awkward pencil grip (fist, thumb hooked over fingers, etc.)
- problems learning a foreign language
- trouble learning to tell time
- poor fine motor coordination

Reading and spelling errors including:

- letter reversals – *d* for *b* as in, dog for bog
- word reversals – tip for pit
- inversions – *m* and *w, u* and *n*
- transpositions – felt and left
- substitutions – house and home

Not all students who have difficulties with these skills are dyslexic.

The dyslexic student should be shown:

- the big picture and then how the details fit into it
- from parts to whole
- from the simple to the complex
- from the concrete to the abstract
- from the visual to the auditory
- how new information fits in with what he has learned
- with much review and practice at every step of the way

Dyslexic pupils need:

- a structured, orderly, consistent environment
- one or two verbal instructions at a time
- a *simultaneous* multi-sensory structured approach to his language learning that uses all three pathways of learning: visual, auditory and kinaesthetic-tactile
- simultaneously combined verbal and visual information.
- time to process what he has heard
- time to respond
- time to complete assignments
- key points or words on the board or equipment...
- **Repetition of instructions.** Pupils who have difficulty following directions are often helped by teachers/ Tas asking them to repeat the directions in their own words. The student can repeat the directions to a peer when the teacher is unavailable. The following suggestions can help pupils understand:
  (a) if directions contain several steps, break down the directions into subsets;
  (b) simplify directions by presenting only one portion at a time and by writing each portion on the board as well as stating it orally;
  I when using written directions, be sure that students are able to read and understand the words as well as comprehend the meaning of sentences.
- balanced presentations and activities.
- mnemonic devices to help them remember key words
- a reduction of 'glare' by using an agreed background colour on IWB
- overlays if appropriate
- accessible texts

Mrs A. Frost

ADHD and ADD

Main traits

- Associated behaviour issues seen in school and at home.
- Poor attention skills.
- Associated with Dyspraxia.
- Limited concentration span; Hyper and Hypo.
- Fidgety such as toe tapping or flicking pencils.
- Impulsive.
- Hyperactivity.
- Often associated with OCD

Teaching strategies

- Give clear instructions both verbally and written down.
- Give one task at a time.
- Remain calm at all times.
- Allow the child to move around the room, where appropriate.
- Make sure the pupil knows the plan of the lesson and what is happening next.
- Clear instructions or an action plan for 'time out'

"I feel upside down sometimes and feel like people don't listen.
I can concentrate when I want, but its hard work.
Miss helps me because she lets us go out to calm down, this helps me focus and concentrate on the work."
Kyle
Mosslands School

I get hypo especially when things or people distract me, like I feel 'up the wall'.
I can't concentrate or focus.
I get twitchy and fidgety.
Sometimes I can ignore the distractions around me so that helps me concentrate.
Giving me something to play with such as blue tac helps.
Having some time outside the classroom, so its quieter helps me to focus.
Ryan
Mosslands School

Aspergers syndrome / Autistic Spectrum

Main traits

- Impairment in social interaction.
- Affects socialisation in all or most situations.
- Lack of adaptability and flexibility especially in new situations.
- Increased risk of depression, suicidal thoughts and explosive tempers.
- May have restricted and repetitive patterns of behaviour, interests and activities.
- Lack of empathy and the ability to read others feelings.
- Struggle to feedback own feelings.

Teaching strategies

- Use the pupils name to gain attention.
- Don't expect the pupil to process more than one sensory input at a time.
- Give warnings of any changes to the normal routine of the class/lesson, for example if going to be taught by a cover supervisor or supply teacher.
- Use praise as much as possible.
- Back up verbal instructions with written sources to reinforce the message.
- Try to avoid irony or sarcasm, explain what is meant, there is a tendency for literal understanding.
- Allow more time for processing information.

A school life while living with autism.

Good Points

- *I have a helper who helps me with my work that I find difficult.*
- *I have a card that allows me time out if I find things quite stressful.*
- *I'm in a class with some children who don't have any special needs, which os a good mix.*

Bad points

- *I find it difficult to speak to people socially, meaning it's hard to make friends.*
- *I find it difficult to go out on trips, I am encouraged to go but I find it too difficult.*
- *Other children make fun and criticise me for having support and it's hard that they don't understand me and what I live with; Autism.*
- *When I'm in the mainstream class a lot of teachers explain things in just one way to the whole class and I feel that they sometimes forgot about children like me because I find the way they explain things very difficult to understand.*

Jordan
Mosslands School

Dyspraxia
(Developmental co-ordination disorder)

Key traits

- Impaired spatial awareness, accuracy and grading of movement.
- Poor co-ordination.
- Difficulties with fine motor skills (small, specific movement)
- Difficulties with gross motor skills (big movements)
- Poor orientation.
- Poor concentration.
- Difficulties with handwriting and/or fine drawing skills.

Teaching strategies

- Break information into short sentences.
- Keep tasks short and precise, if possible one or two tasks at a time.
- Ensure the pupil hears all instructions.
- Be understanding, firm and consistent.
- Give praise for effort, not just the final outcome.
- Utilise planners for supporting the pupil to organise himself.

Just Try

I know I can be difficult but think of how hard it is for me when I knock things over, when I can't remember it is a whole difficult way to see.

I don't mean to be clumsy just try to understand it isn't my fault, I'm always lost and always spill the salt.
It is easy for you to say "just slow down" but just try to understand why I frown when you tease me for being forgetful because you make me feel crazy, like I need a cat scan.

Please just try to understand that I need a hand, it affects me more than you think.
I feel so stupid it makes my heart sink.

Just try to understand don't neglect
Just try to understand I can't be perfect
Just try to understand I have a different mind set
Just try to understand……Just try
Joel
Mosslands School

Literacy

Ways to support Literacy needs across the curriculum.

- Use subject specific terminology to develop pupils' vocabulary and encourage pupils to re-use their new words.
- Make sure that the learning environment is stimulating and literacy friendly.
- Display key terminology in the classroom and make reference to it on a regular basis.
- Encourage pupils to use a dictionary to spell words.
- When marking pupils work comment upon their language, grammar and spellings as well as commenting upon the content of the work.
- Reinforce the need for accuracy.
- Encourage pupils to use the English grammar, punctuation and report writing facts in the back of their planners.
- Support the pupils in reading aloud in class.
- Develop lesson plans with opportunities to practice speaking and listening skills.
- Give pupils thinking time to rehearse oral responses

Numeracy

Ways to support Numeracy needs across the curriculum.

- Encourage the pupils to use the Maths facts in the back of their planners, which covers;
    1. Algebra
    2. Conversions
    3. Trigonometry
    4. Formulae
- Give opportunities in lessons to use numbers, facts and figures. For Example, surveys, charts and graphs.
- Make sure that the learning environment is stimulating and numeracy friendly.
- Display numeracy related terminology in the classroom and make reference to it on a regular basis.

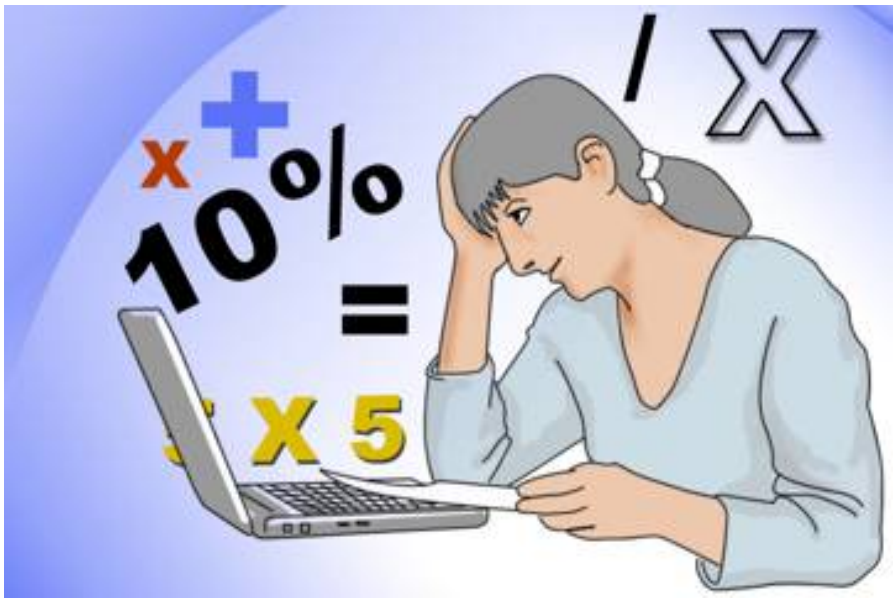
Dyscalculia

Key traits

- Not able to use specific tools such as protractors and compasses.
- Poor test results in maths compared to other areas of learning.
- Negative behaviour.
- Fidgety behaviour.
- Withdrawn.
- Difficulty understanding place value; places numbers in the wrong column when trying to add up, multiply etc.
- Not grasping concepts at the same rate as others.
- Ask for information to be repeated.
- Poor retention of numbers.

Teaching strategies.

- Teaching in a variety of different ways including the use of visual mnemonics.
- Allow pupils to work out math problems in their own way.
- Using specialist equipment that is specific to the pupil.
- Use concrete materials to help link Mathematical symbols to quantity.
- Provide a lot of practice for new skills or concepts.
- Reduce the need for memorisation by providing classroom resources.



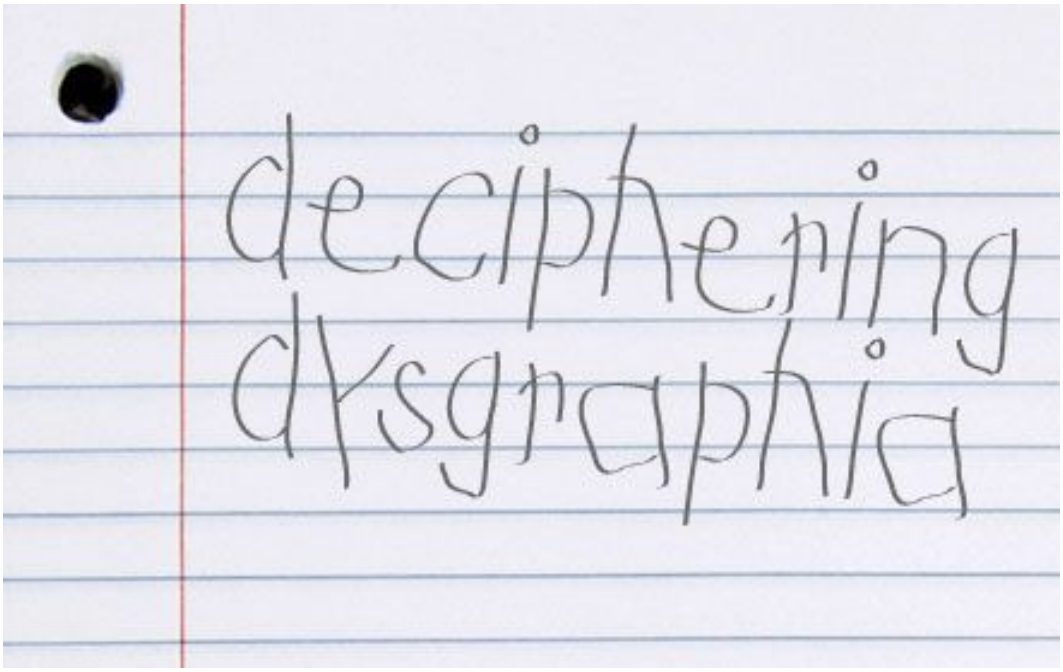
Dysgraphia

Key traits.

- Difficulty in reading aloud in front of others.
- Fidgety when asked to do writing activities.
- Distraction techniques. For example, asks to go the toilet.
- Leans to one side.
- Will do longer pieces of work on the computer.
- Writing shorter stories.
- Posture moves as writing across the page.

Teaching strategies

- Better copying from a book rather than copying from the board.
- Break down written work into small manageable chunks.
- Allow extra time for tasks.
- Speak slowly and clearly, using simple sentences to convey information.
- Allow an audio recorder for note taking.
- Use story starters for creative writing assignments.
- Draw out details with questions and visualisation strategies.
- Practice mind mapping for topics.



Pupils in a state of stress and anger management strategies

When dealing with pupils in a heightened state of stress we must acknowledge that our stress levels also become raised. Pupils are hyper vigilant of others stress levels and wants to know where our own base line is.

There are 4 questions we should ask ourselves in the situation;

1. What am I feeling now?
    - The pupil is waiting for our response.
    - What actually presses our buttons?
    - We must know and acknowledge our own trigger points.
    - Do this before we speak.

2. What does he feel/ need/ want?
    - This question links to the 4 goals of misbehaviour; Attention seeking, to avoid failure, revenge or for power.

3. Is the environment affecting him?
    - Has he got, and is playing to, an audience?
    - Would speaking to him outside the classroom be appropriate?

4. What is the best way to respond?
    - Pupils will be dealt with as any other Mosslands pupil., but when in a state of stress they are unable to process the situation and have conversations with staff.
    - Be aware of personal space and do not touch the student.
    - Time must be given to calm down.
    - Before giving him a direction make a statement of understanding eg "I can see you're angry" and leave a pause for him to process this . Then maybe say "I am sorry that you feel angry" and leave a gap before giving the direction, such as speaking about the incident outside the classroom or sitting down so we can speak.
    - Speak in short clear sentences and give time for the pupil to process this information.
    - This heightened state of stress means that the recovery time is longer.
    - Once he is then calm what happened can be discussed, ask him what he felt happened and let him explain. Then say what you saw and what the consequence is of his actions.

Visual difficulties

Key Traits

- Difficulties seeing items at distance.
- Poor or no ability to differentiate between colours.
- Close vision can be compromised.
- ‘Blind’ spots in the person’s vision.
- Disruption in the eye or brain as to how information that is viewed is processed.
- Difficulties seeing colours or different shades and tones.

Teaching strategies

- Avoid copying work off the board, if needing to use the board make sure the pupil sits near to the front of the class or can see the teachers computer. Use verbal description of the work being done, for example, “Write the title, ‘Categories of Vegetables’ in the middle at the top of your page, as it is on the board.”
- When demonstrating practical elements of the subject bring the pupils around the table where the demonstration is taking place, make sure the pupil with visual difficulties is close. If possible allow pupils to pass around items being shown.
- Enlarge pupils’ work sheets and use enlarged text books.
- Pupil may have a magnifying glass so smaller text books can be used.
- Labelling of coloured pencils and other coloured items in the class. There are varying degrees of colour blindness, but the ability to distinguish between shades is often present.
- Ensure work is in bold clear print.

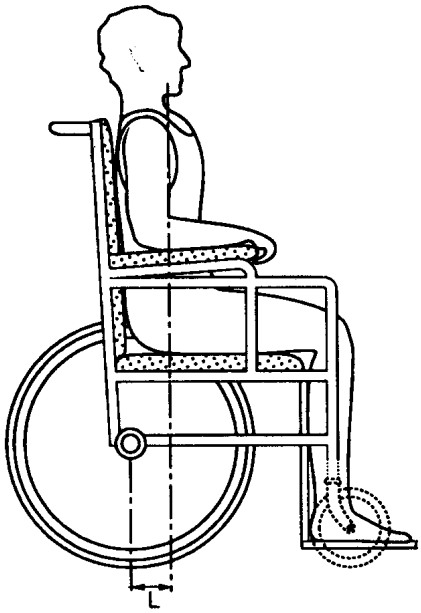
Muscular Dystrophy

Key traits

There are many different types of muscular dystrophy. All the muscular dystrophies are caused by faults in genes and they cause progressive muscle weakness because muscle cells break down and are gradually lost. The Duchenne type affects only boys (with extremely rare exceptions) and a problem in this gene is known to result in a defect in a single important protein in muscle fibres called dystrophin.

- Most affected boys develop the first signs of difficulty in walking at the age of 1 to 3 years.
- They are usually unable to run or jump like their peers.
- Often struggle to climb stairs and need to use a banister for support.
- Rising from the floor can also prove difficult.

As the condition progresses boys with DMD are unable to walk as far or as fast as other children and may occasionally fall down.
Some boys also have learning and or behavioural difficulties, which may begin to manifest at this stage.
By about 8 to 11 years (rarely earlier or a little later) boys become unable to walk and by their late teens or twenties the condition is severe enough to shorten life expectancy. There are however many forms of management which are now available, which have changed the outlook and which, we believe in most cases, can help with the complications of the condition.



Teaching strategies

- Pupils have TA support, where necessary, in lessons and when moving around the school.
- Support will be needed with manual and physical tasks along with personal care.
- Avoid long periods of pupils raising their hands.
- Allow pupils to use a laptop for written work and during examinations.
- Have adapted equipment for practical work.
- Give praise for effort, not just the final outcome.

Cerebral Palsy

Key Traits

Cerebral means having to do with the brain. *Palsy* means weakness or problems with using the muscles. Cerebral palsy is a group of disorders that affect a person's ability to move and keep their balance and posture as a result of an injury to parts of the brain, or as a result of a problem with development. Often the problem happens before birth or soon after being born. Cerebral palsy causes different types of disabilities in each child. A child may simply be a little clumsy or awkward, or unable to walk at all.

Cerebral palsy is caused by a problem in the brain that affects a child's ability to control his or her muscles. Problems in different parts of the brain cause problems in different parts of the body. There are many possible causes of problems, such as genetic conditions, problems with the blood supply to the brain before birth, infections, bleeding in the brain, lack of oxygen, severe jaundice, and head injury.

Children with Cerebral Palsy may have any or all of:

- Learning difficulties
- Behavioural problems
- Epilepsy
- Sensory impairment (especially communication).
- Difficulty with fine or gross motor skills and visual perception
- Significant dietary requirements.

Additional help and intervention may include some or all of:

- Educational psychology
- Physiotherapy
- Occupational therapy
- Assistance with speech and language

Teaching strategies

- Ensure all resources are within a close proximity to the pupil
- Allow extra time to process tasks and respond
- Offer practical support when needed

Cerebral Gigantism

Cerebral gigantism is a rare genetic disorder caused by mutation in the NSD1 gene on chromosome 5. It is characterized by excessive physical growth during the first few years of life.

Key traits

Children with Cerebral Gigantism tend to be large at birth and are often taller, heavier, and have larger heads than is normal for their age.
Symptoms of the disorder, which vary among individuals, include;

- A disproportionately large and long head.
- A slightly protrusive forehead and pointed chin.
- Large hands and feet.
- Increased distance between the eyes.
- Down-slanting eyes.

The disorder is often accompanied by;

- mild mental retardation
- Delayed motor skills
- Cognitive and social development may be delayed
- Hypotonia (low muscle tone)
- Speech impairments
- Clumsiness
- An awkward gait
- Unusual aggressiveness or irritability.

Although most cases of Cerebral Gigantism occur sporadically (meaning they are not known to be inherited), familial cases have also been reported.

Teaching strategies

- Follow the school behaviour policy to ensure pupils are protected from targeted bullying
- Allow extra time to process tasks and respond
- Offer practical support when needed
- Allow rest break for extended pieces of written work or physical activity

Charcot Marie Tooth Syndrome

Charcot-Marie-Tooth disease (CMT) is a group of inherited conditions that damage the peripheral nerves. It's also known as hereditary motor and sensory neuropathy (HMSN).
The peripheral nerves are found outside the main central nervous system (brain and spinal cord). They control the muscles and relay sensory information, such as the sense of touch, from the limbs to the brain.
The symptoms of CMT usually start to appear between the ages of five and 15, although they sometimes don't develop until well into middle age or later. CMT is a progressive condition. This means the symptoms get slowly worse, making everyday tasks increasingly difficult.

Key traits

People with CMT may have:

- muscle weakness in the feet, ankles, legs and hands
- an awkward way of walking (gait)
- highly arched or very flat feet
- numbness in the feet, arms and hands
- Fatigue

Fatigue

Fatigue is probably the only symptom common to all people with CMT; It takes far more energy to walk, stand, balance and generally do normal, everyday things when you have a condition like CMT, than if you don't. It's a simply physiological fact caused by some muscles compensating for others, and having to do jobs they were not designed to do.

Teaching strategies

- Allow extra time to process tasks and respond
- Offer practical support when needed
- Allow rest break for extended pieces of written work or physical activity
- Ensure all resources are within a close proximity to the pupil.

Cystic Fibrosis

Cystic fibrosis is a life-shortening inherited disease, affecting over 10,000 people in the UK. You can't catch or develop cystic fibrosis, it's something you're born with and most cases in the UK are now diagnosed soon after birth

Cystic fibrosis causes the body to produce thick mucus, which affects the lungs and digestive system in particular. Symptoms of cystic fibrosis can include;

- A troublesome cough
- Repeated chest infections
- Prolonged diarrhoea
- Poor weight gain

These symptoms are not unique to cystic fibrosis. Cystic fibrosis is a complex disease that affects many different organs.

Lungs

It is common for people with cystic fibrosis to experience some problems with lung function, although not everyone is affected. A combination of physiotherapy and medication can help control lung infections and prevent the buildup of mucus that damages the lung. To avoid the risk of cross-infection people with cystic fibrosis should not meet or come into close contact with one another.

Digestive system

Cystic fibrosis affects the pancreas because a buildup of thick, sticky mucus blocks the ducts, reducing the amount of insulin produced and stopping digestive enzymes from reaching the intestines to aid digestion. This can cause malnutrition, leading to poor growth, physical weakness and delayed puberty.

Teaching strategies

- Ensure all resources are within a close proximity to the pupil
- Allow extra time to process tasks and respond
- Offer practical support when needed

If organising school trips and residential opportunities the pupils' diet must be taken into account so that the correct medication can be arranged.

Foetal Valproate Syndrome

Key Traits

Fetal valproate syndrome is a term applied to the development of several different congenital birth defects as a result of exposure to valproic acid during pregnancy.

It can involve a number of different conditions including;

- Trigonocephaly, which is a structural defect of the skull resulting in a triangular shaped head.
- Flat nasal bridge
- Thin upper lip
- Smaller than average mouth that is turned downward
- Cleft palate or cleft lip.
- Eyebrow deformations.
- Anteverted nostrils.
- Thick lower lip
- Spina bifida.
- Other musculoskeletal malformations.
- Neurological problems.
- Congenital heart defects.
- Facial features that seem to evolve with growth.
-

Teaching strategies

- Give clear instructions both verbally and written down
- Keep tasks short and precise, if possible one or two task at a time
- Allow extra time to process tasks and respond
- Follow the school behaviour policy to ensure pupils are protected from targeted bullying.
- Offer practical support when needed.

Tourettes

Tourette's syndrome is a neurological condition (affecting the brain and nervous system) that is characterised by a combination of involuntary noises and movements called tics.

The syndrome usually starts during childhood and continues into adulthood. In many cases it runs in families and it is often associated with obsessive compulsive disorder (OCD) or attention deficit hyperactivity disorder (ADHD).

Tics can be:

- vocal (sounds) – such as grunting, coughing or shouting out words
- physical (movements) – such as jerking of the head or jumping up and down

They can also be:

- simple – making a small movement or uttering a single sound
- complex – making a series of physical movements or speaking a long phrase

Most people diagnosed with Tourette's syndrome have a combination of physical and vocal tics, which can be both simple and complex.

The tics do not usually pose a serious threat to a person's overall health, although physical tics, such as jerking of the head, can often be painful. However, children and adults with Tourette's syndrome may experience associated problems, such as social isolation, embarrassment and low self-esteem.

Teaching strategies

- Do not draw attention to facial or muscular tics
- Follow the school behaviour plan to ensure pupils are protected from targeted bullying
- Allow extra time to process tasks and respond
- Focus on pupils strengths in class
- Give pupils time to rehearse oral responses

Oppositional Defiance Disorder (ODD)

Oppositional Defiant Disorder (ODD) is a disorder in which children ignore or defy adults' requests and rules. They may be passive, finding ways to annoy others, or active, verbally saying "No". They tend to blame others for their mistakes and difficulties. When asked why they are so defiant, they may say that they are only acting against unreasonable rules.

Some of the behaviours of a child with ODD may include:

- Is easily angered, annoyed or irritated
- Has Frequent temper tantrums
- Argues frequently with adults, particularly the most familiar adults in their lives, such as parents
- Refuses to obey rules
- Seems to deliberately try to annoy or aggravate others
- Has low self esteem
- Has low frustration threshold
- Seeks to blame others for any misfortunes and misdeeds.

Teaching Strategies

Decide which behaviours you are going to ignore. Most children with ODD are doing too many things you dislike to include all of them in a behaviour management plan. Thus, target only a few important behaviours, rather than trying to fix everything.

Make this student a part of any plan to change behaviour. If you don't, you'll become the enemy.

Provide consistency, structure, and clear consequences for the student's behaviour.

Praise students when they respond positively.

Establish a rapport with the ODD child. If this child perceives you as reasonable and fair, you'll be able to work more effectively with him or her.

Avoid making comments or bringing up situations that may be a source of argument for them.

Never raise your voice or argue with this student. Regardless of the situation do not get into a "yes you will" contest. Silence is a better response.

Do not take the defiance personally. Remember, you are the outlet and not the cause for the defiance- unless you are shouting, arguing or attempting to handle the student with sarcasm.

Avoid all power struggles with this student. They will get you nowhere. Thus, try to avoid verbal exchanges. State your position clearly and concisely and choose your battles wisely.

Always listen to this student. Let him talk. Don't interrupt until he finishes.

Address concerns privately. This will help to avoid power struggles as well as an audience for a potential power struggle.

In the private conference be caring but honest. Tell the student calmly what it is that is causing problems as far as you are concerned. Be sure you listen as well. In this process, insist upon one rule- that you both be respectful.

When decisions are needed, **give two choices or options.** State them briefly and clearly. Students with ODD are more likely to complete or perform tasks that they have chosen. This also empowers them to make other decisions.

Give the ODD student some classroom responsibilities. This will help him/her to feel a part of the class and some sense of controlled power. If he abuses the situation, the classroom responsibilities can be earned privileges.

When you see an ODD child getting frustrated or angry, ask if a calming down period would help. But don't force it on him/her. Rather than sending the student down to the office for this cooling down period, it may be better to establish an isolated “calming down” place in the classroom so he/she can more readily re-engaged in classroom activity following the cooling down period.

Ask parents what works at home.

Spina Bifida

Spina bifida is a condition where the spine does not develop properly, leaving a gap in the spine.

The spine consists of the spinal column, which is a solid structure made up of bones (called vertebral bodies) separated by discs of fibrous tissue. Behind this is an enclosed space called the spinal canal, which contains the spinal cord. The spinal cord connects all the nerves in the body to the brain. The canal is surrounded by arches of bone attached to the backs of the vertebral bodies.

In cases of spina bifida, something goes wrong and the arches of bone do not fully close. Sometimes there is only a gap in the bony arch, but at other times the spinal cord is also involved and does not form properly either. The skin over the arch can also either be intact or have a gap as well.

The exact cause is unknown, but several things can increase your risk of having a baby with the condition, the most significant being a lack of folic acid before and in the early stages of pregnancy.

How spina bifida is treated

A number of different treatments can be used to treat symptoms or conditions associated with spina bifida.

These include:

- surgery soon after birth to close the opening in the spine and treat hydrocephalus
- therapies to help make day-to-day life easier and improve independence, such as physiotherapy and occupational therapy
- assistive devices and mobility aids, such as a manual or electric wheelchair, or walking aids
- treatments for bowel and urinary problems, such as medication, draining urine from the bladder with a tube (catheter), anal irrigation systems and surgery

With appropriate treatment and support, it's likely that children with spina bifida will survive well into adulthood. It can be a challenging condition to live with, but many adults with spina bifida are able to lead independent and fulfilling lives.

Additional help and intervention may include some or all of:

- Educational psychology
- Physiotherapy
- Occupational therapy
- Assistance with speech and language

Support in School

- Ensure all resources are within a close proximity to the pupil
- Allow extra time to process tasks
- Allow pupil to leave lessons early to get to the next lesson while corridors are clear
- Allow the pupil to be escorted around school with a ‘buddy’ of their choice.
- Access to a locker will minimise the amount of items being carried- reducing weight of bag and tiredness of the pupil
- Offer practical support when needed
- Some pupils may experience dizziness- must be accompanied by a ‘buddy’ when walking around school

I would like to say a big thank you to all the Mosslands pupils who supplied quotes for this handbook.