

Leicestershire County Council Banding Matrix Needs Descriptors

NEEDS DESCRIPTORS						
Band A <i>Universal Offer</i>	Band B <i>SEN Support</i>	Band C <i>High Needs</i>	Band D <i>High Needs</i>	Band E <i>High Needs</i>	Band F <i>High Needs</i>	Band G <i>High Needs</i>
1 COGNITION AND LEARNING						
2 COMMUNICATION AND INTERACTION						
3 SOCIAL, EMOTIONAL AND MENTAL HEALTH DIFFICULTIES						
4 SENSORY AND/OR PHYSICAL NEEDS						

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Needs Descriptor - Matrix

COGNITION AND LEARNING						
Band A <i>Universal Offer</i>	Band B <i>SEN Support</i>	Band C <i>High Needs</i>	Band D <i>High Needs</i>	Band E <i>High Needs</i>	Band F <i>High Needs</i>	Band G <i>High Needs</i>
Cognitive abilities within broad average or close to average ARE levels (or equivalent for EY and post 16). Some CYP may present with some learning delay, show difficulties with conceptual understanding in some elements of the core curriculum. Emerging delays with attainment may be identified CYPs may have some emerging difficulties with key skills and/or understanding. Requires a generally planned curriculum and general support to engage in learning, with occasional access to adaptive teaching EY: accessing the majority of play activities independently, with some emerging indications of difficulties with key skills, understanding and development, occasionally requiring adaptive teaching	Attainment is at lower level than majority of peers even with additional support. For example, attainment levels may be more than 1 year below average (or 6mths in EY). CYPs may present with an uneven profile but is responsive to targeted intervention. CYPs with specific learning difficulties may experience discrepancy between oral and literacy skills. Some CYP may grasp mechanical skills but lack comprehension e.g., reading, maths. Some language and communication difficulties. Some difficulties with concentration and retention and ability to transfer skills. Some delay in fine and gross motor skills. May need some additional support to develop independence in organizational skills and personal care needs. Concerns about rate of progress, generalising and retention of skills and information May need modification of the curriculum with programmes of learning to develop literacy and/or numeracy skills, with adaptive teaching styles. EY: accessing range of play activities with some guidance from adults	Working significantly below ARE in most subjects for example: - End of EY – 50%/2years + delay - End of KS1 – working at PKS1 - End KS2 – working at end of KS1 - End KS3 – working emerging KS2 (year 4 or below) - End KS4 – working at end of KS2 - Post 16 – in addition to the above level consider learning pathways e.g., vocational learning programmes. Attainment in the low range on standardised assessments CYPs with specific learning difficulties may have very weak phonological skills and great difficulty retaining a basic sight vocabulary. Difficulties retaining skills and information, and with processing new information, may be manifested as difficulties with attention and concentration and keeping up in class or staying on task. Difficulties in generalising and applying new skills Sensory processing difficulties including auditory processing and visual and poor working memory, requires alterations to the curriculum to enable a slower pace of learning with a more functional based curriculum. There may be examples of frustration and evidence of more insecure self-esteem caused by the learning difficulties.	Attainment in the very low range on standardised assessments Difficulties in learning in a whole class environment, meaning they are likely to need some individual teaching time in a distraction free environment and within the class will require an individual approach to enable learning to take place Does not usually engage in learning without adult input. Likely to need significant adaptations to curriculum and teaching including language/vocabulary acquisition Or Likely to need significant mediation of the language environment, simplification of instructions with visual cues Responds best to a highly personalised curriculum and adapted teaching styles EY: A child who is not making progress despite interventions EY: A child who has significant associated difficulties in speech and language and/or social emotional development EY: A child who requires significant support to engage in any adult led experiences EY: A child who is working at less than half their chronological age in the most areas of development	Significantly low range on standardised assessments typically across a range of skills Their pattern of progress significantly differs to age related peers, despite interventions CYP finds it extremely difficult to make inferences, generalisations and transfer skills CYP learns and progresses at a significantly slower pace, even with a more modified based curriculum for extended period and may require a developmental curriculum for the large majority of the time, focusing on stage approach and not age approach. Complexity of need requires a curriculum with significant elements of individual planning which requires constant individual support or monitoring EY: A child who is not making progress or is regressing despite interventions EY: A child who has significant associated difficulties in speech and language and/or social emotional development EY: A child who requires significant support to engage in any adult led experiences EY: A child who needs adult support to engage in play-based activities EY: A child who needs adult support to follow routines	Band E plus additional significant needs in other areas of SEN in mobility and coordination, communication, or acquisition of self-help skills. Very significant challenges in developing learning, daily living and functional skills Sensory seeking /avoiding presentation limit engagement in learning and impact across the whole school day but can be managed to support learning and development of functional skills. When significant tailored provision is in place, the CYP can remain focussed for extended periods of time within the school day. EY: A child who has significant associated difficulties in speech and language and/or social emotional development EY: A child with profound, complex needs which may require enhanced or specialised provision, with personalised programmes of support delivered by staff with a high level of expertise. EY: Child requires a high level of support to access learning and make progress EY: A child who is working at below a third of their chronological age in three or more areas of development	Has a range of significantly complex needs, including Cognition and Learning, likely to require a multi-professional response Functioning at early developmental level Due to level of learning difficulties unable to accomplish personal care, self-help and independence skills throughout the EY/school/college day Sensory seeking /avoiding presentation prevent any engagement in learning and impact across the whole school day but can be managed for short periods to support development of minimal functional skills. When significant tailored provision is in place, the CYP can remain focussed for short periods of time within the school day. Requires a curriculum with significant elements of individual planning, which requires close constant individual support to engage in learning EY: A child who is working at below a third of their chronological age in all areas of their development EY: A child who is not making progress or is regressing despite interventions EY: a child who needs a sensory based curriculum EY: a child who is reliant on adults to access any learning activities

	EY: follows routines of setting, with adult support EY: A child who is working at half their chronological age or less in two or more areas EY: A child who is making little progress despite interventions EY: A child who requires some support to engage in any adult led experiences	Difficulties with recording which may require alternative recording strategies to access the curriculum, with enhanced use of ICT Consistently struggles to engage with learning without adaptations and support Pace of learning is very slow and may be contingent on more finely graded and slower paced approaches, structured multi-sensory techniques, with more frequent repetition, reinforcement and over-learning to develop literacy/numeracy skills. Level of need requires a programme of study planning may need be overseen, and evaluated by SENCO with advice from external specialist EY: a child who is working at less than half their chronological age in three or more areas EY: A child who is not making progress despite interventions EY: A child who has significant associated difficulties in speech and language and/or social emotional development EY: A child who requires significant support to engage in any adult led experiences		EY: A child who is working at a third of their chronological age in three or more areas		EY: A child with profound, complex needs which may require enhanced or specialised provision, with personalised programmes of support delivered by staff with a high level of expertise. EY child is dependant on adults for all aspects of self-care
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When assessing a CYP's needs, consider a true reflection of the child when working independently (without adult support). This will include consideration around the child's preferred learning style and adapting the curriculum to meet the CYP's learning style. This adaptation alone would be quality first teaching. It is important to think of the holistic view of the child, across the whole curriculum, including areas of strength and interest.

COMMUNICATION AND INTERACTION						
Band A <i>Universal Offer</i>	Band B <i>SEN Support</i>	Band C <i>High Needs</i>	Band D <i>High Needs</i>	Band E <i>High Needs</i>	Band F <i>High Needs (complex)</i>	Band G <i>High Needs (complex)</i>
Expressive and/or receptive language skills within average or close to average levels. May have difficulties with comprehension and ability to follow instructions, giving accounts of events and/or conveying more abstract and complex thoughts. May have speech immaturities or difficulties impacting on intelligibility in certain situations, or whose speech is unclear but improving (EYFS). Can communicate/be understood in certain situations (e.g. quiet space) May be reluctant to comment in class/group situations CYP may have needs within communication and interaction / a diagnosis but has competencies to support their ability to cope with the expectations of EY/school/college life. CYP may have a spikey developmental profile, with curriculum areas where they excel but others where the CYP does not excel in. Access to the curriculum should be within Age Related Expectations, but CYP may have barriers with demonstrating to non-preferred adults. A child is responsive to whole school and class-based approaches and interventions. CYP may experience low level/low frequency difficulties with following: classroom routines responding to social situations such as turn	Mild delay in expressive and/or receptive language and/or mild speech sound disorder that will require some intervention, such as communication aids through class teaching or in the environment Mild difficulties in processing and responding to verbal information. May have difficulties in understanding and following complex instructions. May have difficulties in using a range of grammatically correct sentence structures. May find new or changing environments/routines difficult May show unusual aspects of speech such as unusual intonation, volume, rate echolalia and idiosyncratic phrases CYP may have delayed social communication causing anxiety, frustration or distress which impacts on the ability to engage in learning and other activities. CYP may have difficulty with initiating social interactions and/or decreased interest in social interaction, which may lead to difficulties forming and maintaining friendships. CYP may experience difficulties with transitions, including switching between activities. CYP may experience anxiety, present with under (hypo) responsiveness and /or over (hyper) responsiveness to sensory input with unusual interest in sensory aspects of the environment.	Moderate delay in expressive <u>or</u> receptive language and/or speech disorder Language abilities prevents effective age-appropriate communication. CYP experiences C&I needs which may require some elements of bespoke provision and specialist approaches. Difficulties in understanding and following verbal instructions impacting on learning, independence, and social interaction. Considerable difficulty organising expressive language and making meaning clear Difficulties in understanding longer instructions and those with more complex grammar and vocabulary. Persistent difficulties with speech which impacts significantly on literacy skills. Some single words may be clear but connected speech remains poor. Speech may only be understood by familiar adults. Uses and understands language at a 4-5 word level at end of KS1 CYP shows signs of anxiety or distress when faced with new people, places, events or when unsure what is going to happen. Limited ability to understand the impact of their actions on others. CYP have difficulties understanding social and physical risks. CYPs is isolated and may be vulnerable.	Uses and understands language at 1-2 word level at end of KS1. Communicates in phrases with signs / symbols or speech. CYP experiences significant C&I needs requiring bespoke provision and specialist approaches. Speech is difficult to understand. An alternative communication system may to be used to participate at the right level, e.g. Makaton Limited functional and social communication skills which impacts on the ability to engage in classroom activities and 'free' time. CYP experiencing distress when changing focus or moving between activities. CYP have difficulties understanding social and physical risks and their own vulnerability, severely limited ability to understand consequences and responsibility for actions. Limited ability to show empathy Difficulties expressing emotions which may lead to distressed behaviours and increased anxiety CYP shows significant signs of anxiety or distress when faced with new people, places, events or when unsure what is going to happen. EY: A child may have a confirmed diagnosis from a health professional of a communication difficulty/delay who may use alternative ways of communication, such as Makaton or PECS, and who also may be presenting with social interaction and/or behaviour difficulties	Severely limited language in expressive <u>and</u> receptive language and/or speech disorder causing limited functional communication causing significant barriers to learning and social relationships. Uses basic verbal communication alongside non-verbal communications which may be unique and/or speech usage limited to familiar words used in context CYP likely to withdraw from communication in class, limited social interaction with language difficulties having significant impact on learning in all subjects. CYP may show signs of distress and confusion, likely to be misunderstood and respond unexpectedly. CYP requires bespoke approaches incorporating advice from a range of professionals Significantly limited social communication that restriction ability to manage emotions and cause regular high levels of distress and anxiety which presents significant barrier to their learning. Fixed, repetitive, or obsessional behaviours make it difficult to engage in learning. These can lead to severe anxiety, and distressed behaviour. Difficulties in reflecting on consequences of his/her behaviour on others. Approach others paying little or no attention to their response. Unable to engage in most social activities.	Severe language and/or speech difficulties which affect their ability to communicate successfully with all but those most familiar to them, even with contextual support. Learning to use a mixture of speech and augmented/assistive communication systems to make needs/choices known. Despite an augments/assistive communication system in place, CYP is likely to experience difficulties experienced with communication, which may present through frustrations. Will have complex communication difficulties & may communicate through other means then speech, e.g. iPad or similar communication aid (augmentative) as a primary means of communication. Will require an individual communication programme and technical support. If using a Speech Device this will have been recommended following an assessment external to the school (EATS and/or ATFEST). Profoundly limited social communication skills, which impact on all areas of learning and ability to function within the educational setting throughout the day including social times. Frequently anxious or frustrated, leading to frequent, and unpredictable, behaviours that jeopardizes the health and safety of self and others. CYP has significant difficulties in understanding and/or responding to their own emotions and the emotions of others.	Profoundly limited language skills; non-verbal and very limited or no understanding of language or other means of communication, and faces difficulties in accessing supportive communication systems. Reliant on assistive and augmentative systems and familiar adults to enable them to make their needs and wishes known CYPs communicate by gesture, eye pointing or symbols Profoundly limited functional social communication skills which lead to daily, frequent high levels of distress and anxiety. Inability to tolerate any social interaction other than meeting own basic needs. Unpredictable, escalating and prolonged distressed behaviours throughout the day that jeopardises health and safety of self and others. Extremely high levels of anxiety which impact upon their wellbeing and ability to engage in all contexts. Extreme sensory challenges throughout the day. EY: This child has communication, social, behavioural and/or sensory needs, making their learning challenging. For example, a child who: • has difficulties following instructions, and classroom routines • needs adult support to start and maintain attention on a task

taking, reciprocal attention, sharing of resources, social isolation or low-level anxiety in social situations. Mostly confident with occasional difficulty integrating or fulfilling social activity EY: Child shows some delay in speech such as clarity Child may need support to understand and follow instructions	CYP may have a spikey developmental profile, with areas where they excel but some areas where they are not within Age Related Expectations. EY: Child shows some delay in speech such as clarity Child may need support to understand and follow instructions EY: Child may experience difficulties with shared or joint attention beginning to impact access to the curriculum and social opportunities	Limited initiation of social interaction but can take part in some imaginative play if taught/supported but cannot develop this independently. May communicate with some signs and symbols and at age-appropriate level EY: A child may have a confirmed diagnosis from a health professional of a communication difficulty/delay who may use alternative ways of communication, such as Makaton or PECS, and who also may be presenting with social interaction and/or behaviour difficulties EY: Some difficulty with understanding and spoken language, when compared with age equivalent peers. EY: Impacts on accessing all areas of EYFS. EY: Child experiences difficulties interacting/communicating with adults and/or peers including difficulties with joint and/or shared attention which increasingly impacts access to the curriculum and social opportunities	EY: Obvious delay and difficulties with understanding and spoken language, when compared with age equivalent peers. EY: Impacts on access to all areas of EYFS without support EY: Child is unable to follow simple familiar instructions without adult support	CYP presents with under (hypo) responsiveness and /or over (hyper) responsiveness to sensory input, which is may cause distress, in spite of interventions school are putting into place over a period of time. CYP has some difficulties in understanding and/or responding to their own emotions and the emotions of others. EY: A child may have a confirmed diagnosis from a health professional of a communication difficulty/delay who may use alternative ways of communication, such as Makaton or PECS, and who also may be presenting with social interaction and/or behaviour difficulties EY: Obvious delay and difficulties with understanding and spoken language, when compared with age equivalent peers. EY: Significant impact on access to all areas of EYFS without support EY: Child struggles to follow instructions and routines even with adult support EY: may have high expectations of themselves leading to an inability to attempt some tasks EY: may find it difficult to make and maintain friendships EY: may have good expressive skills which may mask underlying difficulties with comprehension EY: finds transitions difficult to manage, throughout the day and at major transition times	Demand avoidant, distressed behaviours with high levels of anxiety which severely disrupts learning. EY: child has communication, social, behavioural and/or sensory needs, making their learning challenging. For example, a child who: • is unable to following instructions, and classroom routines • needs adult support to start and maintain attention on a task • has made little or no progress within the curriculum, except in specific areas of strength or interest • has difficulties recognising their own and other's emotions, and regulating their emotions • has significant speech and language needs, pre-verbal or limited use of words • has significant difficulties with social use of language • may be single focused and find it difficult to accept change in routines, • unable to manage, throughout transitions, the day and at major transition times • may have a high level of sensory needs • has difficulties with self-regulating emotions/behaviour which has significant impact on learning and everyday life • may have emerging mental health difficulties: self-harm, irrational fears, risk taking	• has made little or no progress within the curriculum, except in specific areas of strength or interest • has difficulties recognising their own and other's emotions, and regulating their emotions • may have high expectations of themselves leading to an inability to attempt some tasks • may find it difficult to make and maintain friendships • pre-verbal or limited use of words • may be single focused and find it difficult to accept change in routines, • finds transitions difficult to manage, throughout the day and at major transition times • may have a high level of sensory needs • has difficulties with social understanding which may present as risky behaviours • has difficulties with self-regulating emotions/behaviour which has significant impact on learning and everyday life
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SOCIAL, EMOTIONAL AND MENTAL HEALTH DIFFICULTIES						
Band A <i>Universal Offer</i>	Band B <i>SEN Support</i>	Band C <i>High Needs</i>	Band D <i>High Needs</i>	Band E <i>High Needs</i>	Band F <i>High Needs</i>	Band G <i>High Needs</i>
CYP may experience low level/low frequency difficulties with: - self- worth and/or confidence - becoming anxious due to difficulties making and/or sustaining friendships. - following adult directions - working independently - motivation requiring frequent encouragement to stay on task CYP may withdraw or become stressed when faced with new/unfamiliar tasks CYP may have an ACE, which requires short-term interventions to support (e.g. bereavement) being aware of Trauma triggers. Changes in attendance- below average due to: low level anxiety Some behaviours displayed in isolation, where behaviour management and ELSA support is required. Child can self-regulate. Masking and how the CYP is presenting impacts on them attending the placement. Children that are displaying signs of being restless, easily distracted- change of seating plan will need to be explored. CYP- can recognise and communicate their needs. EY: Child may experience age-appropriate behaviour when frustrated Children with additional needs will be monitored.	CYP may experience more frequent difficulties with: - self- worth and/or confidence - becoming anxious due to difficulties making and/or sustaining friendships. - following adult directions - working independently - motivation requiring frequent encouragement to stay on task CYP may withdraw or become stressed when faced with known tasks. CYP may have several ACE's, which requires medium -term interventions to support (e.g. domestic abuse) being aware of Trauma triggers, and generational trauma. CYP is displaying EBSA Decline in the child's attendance percentage, the strategies from universal support are no longer working. The CYP is not attending some of their lessons. Child is unable to self-regulate leading to short experience of stress. Difficulty forming and sustaining relationships with adults and or peers. CYP- can recognise and communicate their needs with adult support. Children may need concentration aids and support to access learning and maintain focus for periods of time that is age appropriate. Have difficulty with maintaining and directing attention, concentration, engagement, and participation in	CYP struggle with self-regulation, which may be communicated through aggression, outbursts and unsafe behaviours or may present as significantly withdrawn, which in turn has an impact on the ability to engage in learning. Have significant difficulties related to level of concentration, engagement, and participation in learning. Have low self-worth and a few techniques for resilience. When dysregulated unable to access support. CYP may have mental health needs including attachment difficulties leading to connection seeking or avoidant behaviours. They may impact on the ability to build and maintain successful relationships with adults and peers. Unable to self-regulate leading to prolonged experience of stress. Decline in the child's attendance percentage, despite using strategies from element two, and evidencing these over a period of time there has been little or no increase in attendance. Significant difficulty developing and maintaining social relationships, as expected for age. Frequent issues with peers and within friendships requiring support and intervention Significant delay with social understanding and social skill development Emerging signs of masking Can become distressed in the school environment	Behaviour has health and safety implications to self Levels of anxiety affect participation in all aspects of the school day. Including attending a school. Frequent levels of dysregulation requiring bespoke support Evidence of masking Persistent and frequent difficult within social relationships with peers Social skill development and social understanding is significantly delayed for age Limited relationships with peers Struggles to successfully interact with unfamiliar adults without significant support CYP finds it very difficult to understand emotions in self and others Periods of distress throughout the school day affecting engagement, attendance and punctuality Distress often impacts on learning and social experiences Occasionally distressed due to SEMH profile Sustained difficulties with attending as a result of SEMH needs Regularly withdraws from learning or social activities	Regular difficulties which may involve impulsivity, unpredictability and confrontations with peers or adults which sometimes compromises the safety and health or themselves and others Struggles to comply with requests from anyone other than a key adult CYP may have mental health needs that significantly impact on learning and activities throughout the week, including a possible significant impact on attendance Mental health needs may cause the need to feel in control in order to feel emotionally safe. Significant evidence of masking. Behaviour is frequently a risk to self and others, for example self-harm, hitting others, impacting environment Persistent and frequent difficult within social relationships with peers evident in all contexts Social skill development and social understanding is significantly delayed for age and impacts on daily experience in school Very limited relationships with peers – interactions require close support Regular or high distress caused by learning in a typical classroom Significant distress impacting on learning and social experiences in school Regularly n crisis due to SEMH profile	More regular (daily) dysregulation which involve confrontations with peers or adults which often compromises the safety and health of themselves and others Struggles to accept requests or consequences or engage in restoration. Highly entrenched patterns of behaviour CYP has mental health needs that significantly impact on daily learning and all relationships with adults and peers. CYP has difficulty understanding and managing their emotions, exhibits regular changes in mood. Regularly and frequently extremely aggressive to staff and peers. They are unlikely to respond to diversionary or calming strategies and require physical intervention. May require a second person available routinely (e.g. possibility of false accusations). Persistent and frequent difficult within social relationships with peers evident in all contexts. Interactions may be risky or unsafe. Extremely limited social understanding which affect interactions and social responses through the day All peer interactions require monitoring and support due to frequent challenge and unpredictability Distress regularly causes absence from school	Frequent, intense and prolonged dysregulation which consistently compromises the safety and health of themselves and others. Not able to access coregulation. Very frequent state of extreme distress means they are unable to engage in most aspects of the curriculum. Persistent state of hyper-vigilance CYP have highly complex, assessed mental health needs Frequent risk of significant harm. Extremely aggressive/ challenging behaviours to others or self are continuously ongoing such that they and others are only safe when an adult is in constant attendance. EY: The child has had rigorous review showing little or no progress towards the targets set in the targeted plan. The child's needs have been supported by a range of professionals The child's behaviour is disruptive to the learning and wellbeing of others and is challenging to staff. The child's placement is at risk. Goodman's Strengths and Difficulties Questionnaire or Boxall Profile at least six months apart, show evidence in the abnormal range of behaviours such as: • daily incidences of non-compliant and uncooperative behaviour which are long-lasting and frequent, e.g. refusals to

	learning; this maybe as a result of fear of failure, or low self-worth. Some connection seeking or avoiding behaviours, likely to be reliant on relationships with key adults or specific CYP. May display anxiety or stress. May be at risk of isolation or becoming socially vulnerable. Low self-worth, seeks approval and reassurance repeatedly but yet still appears to remain insecure. Requires some adult support to cope with emotions and relationships e.g. ELKLAN Requires some support to develop and manage social relationships (e.g. developing social understanding and social skills) EY: Children may experience longer periods of behaviour but still within age expectations	Distress sometimes impacts on learning and social experiences Early signs of SEMH needs impacting on regular attendances Holistic needs impacting SEMH presentation Occasionally anxious and/or withdrawn Unable to consistently communicate feelings and/or needs Can occasional reflect and regulate on response to bespoke support EY: A child who may be withdrawn, isolated and unlikely to interact with others EY: A child who may appear unhappy and unmotivated, and may have selective communications EY: A child who may be unpredictable or attention seeking, which may lead to frustration and negative behaviours. This is likely to have an impact on accessing other areas of the EYFS. The child's needs have been supported by the EY Inclusion practitioners/Oakfield The child's behaviour is disruptive to the learning and wellbeing of others and is challenging to staff. The child's placement is at risk. Goodman's Strengths and Difficulties Questionnaire or Boxall Profile at least six months apart, provide evidence in the abnormal range of behaviours such as: - daily incidences of non-compliant and uncooperative behaviour which are long-lasting and frequent, e.g. refusals to join in and follow requests - self-regulating, e.g. intense emotional or aggressive outbursts /	Rarely able to effectively communicate feelings and or needs Occasionally emotionally defensive which effects responses EY: A child who may be withdrawn, isolated and unlikely to interact with others A child who may appear unhappy and unmotivated, and may have selective communications EY: A child who may be unpredictable or attention seeking, which may lead to frustration and negative behaviours. This is likely to have an impact on accessing other areas of the EYFS. EY: A child who may be withdrawn and isolated, appearing unhappy and unmotivated, with selective communications EY: A child who may be unpredictable or attention seeking, which may lead to frustration and negative behaviours. This is likely to have an impact on accessing other areas of the EYFS may have emerging mental health difficulties: self-harm, irrational fears, risk taking The child's needs have been supported by the EY Inclusion practitioners/Oakfield The child's behaviour is disruptive to the learning and wellbeing of others and is challenging to staff. The child's placement is at risk. Goodman's Strengths and Difficulties Questionnaire or Boxall Profile at least six months apart, provide evidence in the abnormal range of behaviours such as:	Regularly unable to attend school or access school due to their distress Complex interplay between home and school environments Unable to successfully to respond to consistent SEMH support Frequently uses non-verbal methods to communicate distress, need and/or feelings Daily shutdowns and or withdrawal Highly emotionally defensive which affects responsiveness to support throughout the day EY: The child has had rigorous review showing little or no progress towards the targets set in the targeted plan. The child's needs have been supported by the EY Inclusion practitioners/Oakfield The child's behaviour is disruptive to the learning and wellbeing of others and is challenging to staff. The child's placement is at risk. Goodman's Strengths and Difficulties Questionnaire or Boxall Profile at least six months apart, provide evidence in the abnormal range of behaviours such as: - daily incidences of non-compliant and uncooperative behaviour which are long-lasting and frequent, e.g. refusals to join in and follow requests - self-regulating, e.g. intense emotional or aggressive outbursts / uninhibited / - socially inappropriate or sexualised behaviour,	Cannot cope within a typical classroom environment Learning is ruptured due to complexity of SEMH and psychological distress Frequently at risk of crisis *hurting self/others/environment) High levels of mistrust of adults Highly complex life circumstances affecting wellbeing, learning and functionality High levels of resistance /difficulty responding to traditional approaches to SEMH needs EY: The child has had rigorous review showing little or no progress towards the targets set in the targeted plan. The child's needs have been supported by the EY Inclusion practitioners/Oakfield The child's behaviour is disruptive to the learning and wellbeing of others and is challenging to staff. The child's placement is at risk. Goodman's Strengths and Difficulties Questionnaire or Boxall Profile at least six months apart show evidence in the abnormal range of behaviours such as: - daily incidences of non-compliant and uncooperative behaviour which are long-lasting and frequent, e.g. refusals to join in and follow requests - self-regulating, e.g. intense emotional or aggressive outbursts / uninhibited /	join in and follow requests - self-regulating, e.g. intense emotional or aggressive outbursts / uninhibited / unpredictable outbursts, - socially inappropriate or sexualised behaviour, - low levels of resilience when faced with challenge or criticism - high levels of anxiety, hyper-vigilance, mood swings, difficulties with social relationships. - behaviour causing significant barrier to learning, e.g. child has limited attention span and willingness to engage in activities - unable to socialise with peers and adults, e.g. lack of empathy - at risk of exclusion, isolation or becoming socially vulnerable - increasing concerns around mental health and well being may have significant mental health difficulties: self-harm, irrational fears, risk taking Extreme, significant and prolonged emotional distress that significantly impacts on access to bespoke educational experiences and environments
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		uninhibited / unpredictable outbursts, • socially inappropriate or sexualised behaviour, • low levels of resilience when faced with challenge or criticism • behaviour causing significant barrier to learning, e.g. child has limited attention span and willingness to engage in activities • unable to socialise with peers and adults, e.g. lack of empathy • at risk of exclusion, isolation or becoming socially vulnerable • increasing concerns around mental health and well being	• daily incidences of non-compliant and uncooperative behaviour which are long-lasting and frequent, e.g. refusals to join in and follow requests • self-regulating, e.g. intense emotional or aggressive outbursts / uninhibited / unpredictable outbursts, • socially inappropriate or sexualised behaviour, • low levels of resilience when faced with challenge or criticism • behaviour causing significant barrier to learning, e.g. child has limited attention span and willingness to engage in activities • unable to socialise with peers and adults, e.g. lack of empathy • at risk of exclusion, isolation or becoming socially vulnerable • increasing concerns around mental health and well being may have mental health difficulties: self-harm, irrational fears, risk taking	• low levels of resilience when faced with challenge or criticism • behaviour causing significant barrier to learning, e.g. child has limited attention span and willingness to engage in activities • unable to socialise with peers and adults, e.g. lack of empathy • at risk of exclusion, isolation or becoming socially vulnerable • increasing concerns around mental health and well being may have mental health difficulties: self-harm, irrational fears, risk taking	unpredictable outbursts, • socially inappropriate or sexualised behaviour, • low levels of resilience when faced with challenge or criticism • high levels of anxiety, hyper-vigilance, mood swings, difficulties with social relationships. • behaviour prevents learning, e.g. child has limited attention span and willingness to engage in activities • unable to socialise with peers and adults, e.g. lack of empathy • at risk of exclusion, isolation or becoming socially vulnerable • increasing concerns around mental health and well being may have significant mental health difficulties: self-harm, irrational fears, risk taking	
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CYP is likely to have (or being awaiting) health involvement and/or Social Care involvement.

SENSORY AND/OR PHYSICAL NEEDS						
Band A <i>Universal Offer</i>	Band B <i>SEN Support</i>	Band C <i>High Needs</i>	Band D <i>High Needs</i>	Band E <i>High Needs</i>	Band F <i>High Needs</i>	Band G <i>High Needs</i>
A child/young person with an identified visual need or under investigation. Vision within normal range, likely to have visual acuities of 6/6 of 6/6 6/12 Snellen 0.0- 0.3 LogMAR CYPs whose vision can be corrected by glasses for refraction, CYP with unilateral amblyopia, monocular vision. If undergoing a vision occlusion programme (patching) CYP may need environmental changes such as sitting closer to the focal point of the lesson to allow for their temporary worsening of vision. Colour blindness may be present. The CYP experiences needs which are managed with appropriate differentiation of task and teaching style. A Qualified Teacher of the Visually Impaired may be required to advise school of any BERA.	A child/young person with a diagnosis of a visual impairment or under investigation. Mild to Moderate vision impairments: 6/12-6/18 Snellen (LogMAR0.3-0.6) Bilateral vision impairment Likely to need clear print and/or enlarged print to point size N14-18 CYP Is independently mobile in familiar areas Curriculum access possible with vision aids, use of accessibility options when using laptops, tablets and phones, specialist accessibility IT equipment, adaptation of materials. May have difficulties with spatial awareness, using standard text and pictorial materials e.g., maps and graphs. The pupil will function at a mild level of vision impairment. There may be difficulty with near or distance field vision but the difficulty will not be significant at this level of support and /or may be correctable with consideration to school and classroom environment. Twice Annual visits of a teacher of the visually impaired. This could increase to termly to support transition or exams. NB: The combined impact of the vision needs and hearing needs for a child with a multi-sensory impairment must be considered as this will multiply the overall need	Moderate vision impairments: 6/19-6/36 Snellen (LogMAR0.6-0.78) Clear print and/or modified large print to point size N18-N24 May have fluctuating functional vision in different educational environments. Curriculum access not possible without significant mediation and/or adaptations of curriculum materials requiring training to produce resources and additional support in practical subjects (safety). May experience mobility difficulties that impact on transition points in their school career and may require specialist assessment The pupil has impaired function in the educational setting, and this is generally accepted to be the key criterion. There may be a restricted field of vision; fluctuating visual impairment; deteriorating conditions; cerebral visual impairment; retinal atrophy; Retinal dystrophy; Recently acquired permanent VI or late diagnosis. Pupils will have a bilateral impairment Termly visits from a Teacher of the Visually Impaired. This could increase for transition and examinations.	Moderate to severe distance visual acuities of 6/19 to less than 6/36 Snellen (LogMAR0.6-0.78) They are likely to require enlarged print 18-36 print but be able to access pictures and colours. CYP will require differentiated visual materials with support. – Curriculum access not possible without significant mediation and/or adaptations of curriculum materials requiring training to produce resources and additional support in practical subjects (safety). CYP may not give correct body language and interaction with adults and peers may be impaired. Likely to require desktop magnifier Specialist assistive technology may be required, and they may require to learn to touch type. May have visual field loss May have gradually deteriorating vision requiring more frequent monitoring. The pupil, family and setting may need support in managing their developing social and emotional needs and their understanding of the impact of vision loss. Half termly visits from a Teacher of the Visually Impaired. This could increase to support transition, visual changes and examinations	Severely sight impaired but has some usable residual vision. Visual acuity of less than 6/36 - 6/120 Snellen/Kay (LogMAR 0.8 – 1.3) Will required access to jumbo print N48 or larger (this is bigger than can easily be produced using standard techniques and requires full scanning and reformatting of text) May need to use tactile mediums to access diagrams, graphs. CYP will have a bilateral impairment. Will only be able to access learning with specialist assistive technology including CCTV electronic magnifier, laptop with JAWS. All curriculum materials in jumbo print or under CCTV or modified for some screen access. Will need to learn to touch-type using shortcut keys. CYP will have significantly impaired functional vision in the educational setting affecting the presentation of the curriculum, the school or classroom environment, and the classroom management of the pupils for example positioning in class, use of equipment etc. This may be compounded by other problems such as visual field loss, ocular motor impairment, visual perception difficulties or the presence of degenerative visual conditions. Able to access curriculum and buildings only with substantial adaptations of all learning materials requiring training to produce resources and additional	Severe sight impaired with some residual vision. Visual acuity of less than 6/36 - 6/120 Snellen/Kay (LogMAR 0.8 – 1.3) Will need require tactile mediums such as braille and jumbo print to point size N48 or larger. Will learn uncontracted/contracted braille alongside assistive technology Able to access curriculum and buildings only with substantial adaptations of all learning materials requiring training to produce resources, ICT and additional support in practical subjects Will need orientation skills and may need assessment for cane training and independent skills teaching Will only be able to access learning with specialist assistive technology, CCTV, electronic magnifier, laptop with JAWS; text to speech. Braille/braille display. Will need to learn touch typing using short cut keys. Will need orientation skills and may need assessment for cane training and independent skills teaching At least weekly visits from a Teacher of the Visually Impaired. With additional input from a Habilitation Officer and Assistive Technology and Keyboard Instructor.	Profound visual loss – visual acuity of less than 6/120 Snellen/Kay (LogMAR 1.31) Registered blind and will use braille/tactile mediums to access learning. Will need to learn uncontracted/contracted braille alongside assistive technology. CYP will have a bilateral impairment. CYP will have a profound visual loss. This is highly likely to be compounded by other problems such as visual field loss, ocular motor impairment, visual perception difficulties or the presence of degenerative visual conditions. CYP is educationally blind and needs will be permanent and lifelong due to the nature of their disability. CYP may have MDVI (multi disability and visual impairment), deteriorating conditions and cerebral visual impairment. Some of the provision for a complex needs pupil may cross the different categories of need. CYP will need to access information using braille/tactile methods which require specialist training to produce resources. Will only be able to access learning with specialist assistive technology including Perkins braille, hard copy braille, braille display text to speech technology. Will need to touch-type using shortcut keys. CYP will need to learn specialist Braille code for Maths, Science,

				support in practical subjects to enable safe participation. Monthly to fortnightly visits from a Teacher of the visually Impaired. Additional support from a Habilitation Officer and Assistive Technology and Keyboard Instructor will assess support needs.		Music and Languages, as well as the Literary Code. CYP will access buildings and move around the school only with regular and individual formal teaching of orientation and mobility for cane skills. May require a guide dog Multi-weekly visits from a Teacher of the Visually Impaired. With additional input from a Habilitation Officer and Assistive Technology and Keyboard Skills Instructor.
CYP may have a unilateral hearing loss or a very mild hearing loss. CYP may have listening difficulties, particularly in noisy conditions and may mis-hear and mis-understand spoken information which may require monitoring and support. CYP likely to be advice only with no direct from a Teacher of Deaf Children and Young People (TOD)	The deafness is likely to be permanent and at least 'Mild-Moderate' in level Deafness that affects access to the curriculum without access to deaf friendly teaching. Typical Profile for Level 1 hearing impaired pupil. Unilateral sensori-neural; bilateral fluctuating conductive hearing loss; mild deafness. Likely to use hearing aids. May use a sound field system provided by school Sensory Support from a Teacher of Deaf Children and Young People (TOD) is likely to be advice only, annual or twice yearly. NB: The combined impact of the vision needs and hearing needs for a child with a multi-sensory impairment must be considered as this will multiply the overall need	The deafness is likely to be permanent. Typical profile will be moderate sensori-neural (with/without conductive overlay) hearing loss The CYP may require support to become an independent user of their equipment and to understand their hearing and listening needs. Curriculum access requires mediation and/or adaptations of curriculum materials. CYP will use hearing aids and may make use of a soundfield system or Assistive Listening Device (ALD), . They may require support with this Sensory Support from a Teacher of Deaf Children and Young People (TOD) is likely to be Termly; half termly or monthly Their deafness may impact on their vocabulary and language levels.	Likely to have a Moderate to severe, bilateral deafness (sensori-neural, conductive or mixed) or Auditory Neuropathy Spectrum Disorder (ANSO). They may have a profound loss using cochlear Implants with age-appropriate language The Sensory Support from a Teacher of Deaf Children and Young People (TOD) is likely to be monthly or fortnightly CYP will use hearing aids or Cochlear Implants and be eligible for an Assistive Listening Device (ALD). Their deafness will have a direct impact on their language, thinking and literacy development as well as their interaction and social development. The pupil will require support to become an independent user of their equipment and to understand their hearing and listening needs and develop their deaf identity The pupil, family and setting may need support in managing their developing social and emotional needs and their understanding of being a young deaf person.	The deafness is very likely to be 'Sensori-Neural' or 'Mixed' in nature and is likely to be at Severe level CYP may have Auditory Neuropathy. CYP could have an acquired hearing loss, congenital or progressive hearing loss CYP's access to the curriculum requires substantial differentiation and adaptation of material in all areas of the curriculum. They may require pre and post tutoring to ensure they have the language to access their lessons The Sensory Support from a Teacher of Deaf Children and Young People (TOD) is likely to be fortnightly or weekly The pupil will be using hearing aids and/or cochlear implant/s and an Assistive listening Device (ALD) CYP's Deafness will have a direct impact on their language, thinking and literacy development as well as their interaction and social development CYP is likely to be known to speech and language therapy (SALT) services.	The deafness will be 'Sensori-Neural' or 'Mixed' in nature and is likely to be at Severe- Profound level. CYP may have Auditory Neuropathy or other complicating inner ear pathology. CYP's access to the curriculum requires substantial individual differentiation and adaptation of material in all materials in all areas of the curriculum. They will require pre and post tutoring to ensure they have the language to access their lessons The Sensory Support from a Teacher of Deaf Children and Young People (TOD) is likely to be weekly or multi weekly . CYP's deafness will have a direct significant impact on their language, thinking and literacy development as well as their interaction and social development. CYP may require the support of British Sign Language (BSL) for effective communication and learning. The pupil will be using hearing aids and/or cochlear implant/s and a Assistive listening Device (ALD) . Access to excellent acoustic listening conditions	The deafness will be 'Sensori-Neural' or 'Mixed' in nature and at Severe- Profound level. The use of equipment to support their hearing may not be a possibility for them. CYP may have Auditory Neuropathy or other complicating inner ear or auditory nerve pathology. All teaching and support will involve the use of British Sign Language unless the CYP is following a specifically auditory/oral only programme of development. CYP able to access curriculum only with assistive devices and requires substantial mediation and/or adaptations of materials Where possible, hearing aids or Hearing/Cochlear Implants/Radio Aids, access to excellent acoustic listening conditions essential. BSL is first language The Sensory Support from a Teacher of Deaf Children and Young People (TOD) is likely to be weekly or multi weekly .

				The CYP will require ongoing support to become an independent user of their equipment and to understand their hearing and listening needs and develop their deaf identity	essential unless they cannot use audition The CYP will require ongoing support to become an independent user of their equipment and to understand their hearing and listening needs and develop their deaf identity	
Development in line with the typically developing child or young person. CYP attempts all physical activities. CYPs may have lower than age appropriate fine or gross motor skills; this may be due to limited experiences. Medical needs are managed without a need for intervention. CYP can manage own medical, and self-care needs with minimal support. EY: Child has a physical/medical need but is able to access all play/activities without support EY: Child is age appropriate in self-care routines	CYP has poor fine and/or gross motor skills, despite a period of good quality teaching. CYP can move and position independently but has some stability or motor coordination difficulties. CYP has difficulties relating to tasks involving fine and gross motor skills, which require reasonable adjustments and additional planning. Has a use of mobility aid when needed (occasionally or at specific time times of the day) with competence e.g., walking frame or wheelchair. CYP can manage own intimate, and self-care need with minimal adult support. May have needs relating to undertaking practical tasks, reducing the level of independence. May have physical/medical condition which impact on access to the academic and social curriculum and require medication to manage condition. CYP may tire more quickly. Condition may require monitoring e.g. arthritis and diabetes. May have physical abnormalities, which may make CYP self-conscious, isolate, defensive or behave erratically. EY: Child has a physical/medical need but is able to access all play and activities with adult support	Physical needs give rise to safety issues and curriculum and environment access may not be possible without mediation and/or adaptations of curriculum materials and/or adaptive equipment. CYP has some independence in managing interventions required for their condition e.g., personal care, movement, however regular adult support is needed. CYP uses of mobility aid throughout the day with some independence e.g., walking frame or wheelchair CYP's physical and/or medical condition begins to significantly impact on their self-esteem, social interactions and emotional regulation (refer to SEMH indicators). Medical needs requires specific adaptations to ensure inclusion e.g. CYP who uses sticks for walking CYP exhibits a medical difficulty, e.g. epilepsy, cerebral palsy etc, which at times affects how class routines need to be planned. EY: A child with physical difficulties who requires some support to access some areas of the provision. A child who may need access to specialist equipment. Medical diagnosis of a mild to moderate hearing impairment.	Curriculum access not possible without substantial mediation and adaptations of curriculum materials e.g., scaffolding, physical/neurological difficulties requiring support for recording. CYP uses a mobility aid, specialist seating or requires support in moving positioning and personal care, eating/drinking needs CYP will have substantial communication/recording needs associated with physical disability. CYP's physical and/or medical condition significantly impacts on their self-esteem, social interactions, and emotional regulation (refer to SEMH indicators). CYP's physical condition requires a care plan in order to ensure inclusion in class routines, e.g. CYP with significant epilepsy (consider impact e.g. recovering time and threat to life). CYP may have a physical disability which makes it difficult to participate in class activities. CYP needs individual programme to develop and maintain self-care skills, health and safety, or healthcare needs (e.g. may require easily maintained gastrostomy feed). Physical disability requires 1:1 assistance with mobility. Health and safety are both issues. <i>A child with a long term and significant physical difficulties who requires support to access all areas of the provision.</i>	CYP has significant physical, medical, or neurological condition which impacts on all areas of independent learning and/or emotional wellbeing throughout the school day. CYP has medical needs that require regular reviews of their medical health care plans authorised by relevant medical professional. Significant difficulties with communication, learning and recording necessitating use of assistive technology, Augmentative and Alternative Communication CYP not able to manage most of their toileting, eating and drinking needs. CYP might be aware of the toileting needs and routine; and be able to participate in some aspects of this. Physical skills may fluctuate and/or deteriorate during a day. Mobility needs mean that support such as hoisting may be required CYP may have MDVI (multi disability and visual impairment), deteriorating conditions and cerebral visual impairment. CYP may have a significant physical disability which makes it difficult to participate in class activities. CYP requires individual supervision in order to engage in and develop independence skills and address health and safety	CYP has a long-term and/or progressive condition and is wholly reliant on adult support for moving, positioning, personal care including drinking eating. CYP has no independent seated stability. Mobility needs mean that support such as hoisting are likely to be required Have severe physical disability that create substantial communication difficulties requiring aid such as assistive curriculum devices. CYP medical needs are fluctuating and can lead to frequent emergency situations. CYP is unable to communicate verbally; may be able to communicate when using specialist communication aids. Extreme PDA/Demand Avoidance traits. CYP is unable to access the curriculum independently due to limited physical mobility including appropriate positioning CYP may have a level of seizures which requires constant monitoring. CYP is non-ambulant with a gastrostomy, and are regularly fed in school. Once positioned/seated they will have access to the world and be able to take part in activities with some physical or verbal prompts and support. If left they continue to engage in a	Profound physical, long-term, and progressive, life limiting condition/needs. CYP has total and complex support needs for mobility, personal care, positioning, movement, hoisting and eating/drinking. CYP health care needs require highly structured and complex medical interventions authorised by medical professionals, very likely to require fast staff response an administration of emergency rescue medication. CYP is not able to communicate needs and is wholly reliant on adult support for all intimate and self-care needs. The physical complexity of the CYP means that they do not learn incidentally and require an adult with them at all times to ensure that they engage in the lessons/activities. CYP may have life-threatening epilepsy that requires constant monitoring and immediate attention if in seizure. CYP requires very close, constant individual support for care, health and safety needs which may require more than one adult. Pupils require a demanding physical regime that is necessary in order to develop and maintain a body that is healthy and more likely to carry them into adulthood.

	EY: Child may need some support in self-care routines	Medical diagnosis of a lower to moderate visual impairment. The child has difficulty accessing some areas of the learning environment requires some support. Low level medical conditions requiring some input throughout the day Child needs high level support with manging self-help skills	<i>A child who uses specialist equipment at significant points throughout the day.</i> <i>Medical conditions that require more frequent input throughout the day</i> <i>CYP has needs which require support from staff with specialist training at times</i> <i>Child needs a higher level of support for self-care skills</i> EY: A child with a long term and significant physical difficulties who requires support to access all areas of the provision. A child who uses specialist equipment at significant points throughout the day. Medical diagnosis of a moderate to severe hearing impairment, which is impacting progress. Medical conditions that require more frequent input throughout the day	issues, e.g. regular gastrostomy feeds, easily managed. CYP may have PMLD but will still be capable of some incidental engagement. EY: A child with a long term and significant physical difficulties who requires support to access all areas of the provision. A child who uses specialist equipment at significant points throughout the day. Medical diagnosis of a moderate to severe hearing impairment, which is impacting progress. Medical diagnosis of a moderate to severe visual impairment. The child has difficulty accessing all areas of the learning environment requires support. Medical conditions that require more frequent input throughout the day <i>CYP has needs which require support from staff with specialist training regularly</i> Child needs a higher level of support for self-care skills	session by showing enjoyment or working at the level planned for a short while. CYP of this kind may require two or three transfers during a day. EY: The child has significant physical/medical needs which impact on progress and access to learning which requiring long-term involvement of educational and health professionals EY: The child requires a high level of adult support to access the curriculum and fully participate in all aspects of the early years setting. Examples of need: • The child has a medical condition that impacts on personal hygiene (catheter, colostomy bags). • A child whose medical condition impacts on their life, e.g. a child missing a significant amount of education • A child whose needs impact on their access to practical activities and safety. • child has significant needs that require a considerable amount of therapy or medical interventions.	CYP require very frequent changes of position to transfer between different pieces of equipment for example, chair, standing frame, wedge etc. CYP will experience more than three highly technical transfers in a day each transfer taking two and sometimes three adults. CYP generally benefit from hydrotherapy sessions where exercises are designed by physiotherapists. CYP is incontinent requiring incontinence aids CYP who, for reasons of survival, need constant monitoring CYP in the terminal phase of a progressive condition where they have become totally dependent and are losing basic sensory functions EY: The child has significant physical/medical needs which impact on progress and access to learning which requiring long-term involvement of educational and health professionals The child requires a high level of adult support to access the curriculum and fully participate in all aspects of the early years setting. Examples of need: • The child has a medical condition that impacts on personal hygiene (catheter, colostomy bags). • A child whose medical condition impacts on their life, e.g. a child missing a significant amount of education • A child whose needs impact on their access to practical activities and safety.
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The funding stream for this area of need is likely to be funded through health

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