



Scope

This policy applies to the whole College including EYFS.

Abbreviations

LDD – Learning Difficulties and Disabilities
LD Department – Learning Development Department
IEP – Individual Educational Programme
HOLD – Head of Learning Development
ADHD – Attention Deficit/Hyperactivity Disorder
ASD – Autistic Spectrum Disorder

Policy Statement

The purpose of this document is not only to inform academic and pastoral staff, but also to emphasise the responsibility of every member of staff to follow actively the College's policy and guidelines on special educational needs.

Children have 'special educational needs' if they are gifted or have a learning difficulty which calls for special educational provision to be made for them, ie anything that is additional to or different from what is normally available to children at school. At Queen's College, it is the aim to meet each child's needs as far as is possible within the limitations of the College's resources, expertise and staffing and to offer all pupils the opportunity to have access to the whole curriculum.

A regular cycle of observation, assessment, planning and review is in place to allow problems to be identified as early as possible. Testing and subsequent monitoring takes place at critical stages in a child's education. No testing regime, however thorough, is infallible.

If a problem is identified and there is concern about adequate progress, then parents will be informed and consulted about possible ways of addressing the problem.

It may be possible to make suitable provision within normal classroom teaching, by means of differentiated work and the range of multi-sensory approaches which the College encourages within the classrooms. If this is not possible or appropriate, or it is implemented and concern remains about an individual child's progress, then it may be necessary to take additional and different action to enable the child to learn more effectively.

In such cases, it may be necessary to draw up an Individual Education Plan (IEP) to address specific targets. Such IEPs will be reviewed regularly in consultation with pupils and whenever practicable, the pupil's parents. A child may require a period of individual tuition for which a separate charge may be made.

The College is open to expressions of concern from parents and from individual pupils themselves. These concerns will always be investigated within the limitations of the College's expertise. The teachers are well qualified and experienced, but while they may identify a difficulty they are not qualified to make a diagnosis. Accordingly, the College may decide that referral to outside agencies, such as an Educational Psychologist, is advisable.

It is the responsibility of parents to share with the College any concern they may have about their child, to disclose, without delay, any pre-existing problem which may affect their child's learning and progress and to provide the College with copies of all relevant reports and assessments. In these circumstances, parents must speak to their child's Form Teacher, Houseparents or Tutor and write directly to the Headmaster or Headmistress of Junior School about their concerns.

If, having given due consideration to the needs of the child and the expertise, resources and facilities reasonably available within the College, it is decided that the College cannot meet a child's specific educational requirements and cannot provide properly for that child, the College reserves the right to require parents to withdraw their child from the College.



Testing

- all pupils are tested on entry to Queen's, on entry to the Senior School and thereafter if there is any reason to suspect learning difficulties
- the tests include recognised tests and the College's own entrance tests

If the LD undertakes specialist tests then:

- parents are informed that testing is taking place
- parents are informed of the result
- parents are advised as to possible action—educational psychologist and specialist training, etc.
- full records are kept of all actions, correspondence and discussions on all pupils
- records must be retained for at least 10
- Teaching staff who have concerns about a pupil should refer them to the LD Department.

What should teaching staff do?

Staff should not allow anyone to use LDD as an excuse for not trying.

Staff must advise the HOLD if you think someone is having difficulties and who has gone undetected.

Staff should give as much praise as they possibly can. Everyone thrives on it!

Learning Difficulties and Disabilities

A learning difficulty originates if a pupil has a significantly greater difficulty in learning than the majority of children of the same age, or a disability which prevents or hinders the child from making use of educational facilities or from accessing the curriculum.

These constraints may be a combination of the following:

physical / sensory, social / ethnic, emotional / behavioural, or cognitive eg. dyslexia.

Difficulties may be temporary or long term, mild, moderate or occasionally severe.

It is possible for a pupil to have a Learning disability and also be Gifted and Able.

Pupils for whom English is an Additional Language

The needs of pupils for whom English is an Additional Language will be assessed on entry to the school and appropriate support provided. This will be co-ordinated by the Head of EAL (English as an Additional Language) who will keep staff informed of individual pupils' needs.

Gifted and More Able Pupils

Gifted students are those with the potential to exhibit superior performance across a wide range of areas.

Talented students are those with the potential to exhibit superior performance in one or more areas including the following:

- general intellectual ability
- specific academic aptitude
- creative and productive thinking (divergent thinking that results in unconventional responses to conventional tasks)
- leadership and social awareness
- visual and performing arts
- sport or physical activity



Gifted and talented children can also display negative characteristics. They may be:

- stubborn
- uncooperative
- unwilling to participate in certain activities
- lacking interest in details and indifferent to common conventions and courtesies
- perfectionists
- disorganised and presenting poor work
- temperamental, demanding and emotional
- poorly behaved
- introverted and depressed

Aims of the Policy

In order to fulfil the aims of the College, arrangements are made for individual pupils who need additional support in order to learn more effectively. These include:

- employing clear procedures to identify children whose academic, social or emotional development is giving cause for concern
- identifying children's areas of weakness or superior performance which require extra attention from the teachers or other members of staff including specialist provision for pupils for whom English is an additional language
- developing, monitoring, reviewing and recording, in consultation with parents and pupil as far as possible, Individual Education Plans designed to meet each child's identified needs. Such plans should include written information about:

- short-term targets set with the pupil
- the teaching strategies to be used
- the provision to be put in place
- when the plan is to be reviewed
- success and/or exit criteria
- outcomes (to be recorded when the IEP is reviewed)

Objectives

- there are assessments and screening procedures at various stages of each pupil's school career
- in order to help identify pupils who may need additional support, children are screened at entry, unless a recent educational psychologist's report has already been provided. This is in addition to the normal continuous cycle of assessment and review of individual performance and progress.
- specialist teachers offer constructive guidance and/or teaching support
- documented historical information on a pupil's difficulties/gifts and/or support is used, in conjunction with Educational Psychologist, specialist teachers and Medical Consultant reports in producing evidence for special arrangements at public examinations (extra time, scribes, readers)
- pupils, staff and parents have access to support from experienced qualified teachers within the College
- staff are given guidance about supporting these pupils within the classroom
- there is continual liaison between parents, form teachers, subject teachers, Houseparents, Tutors, internal and external specialists. As and when necessary parents are informed and consulted about concerns and extra provision
- detailed records are kept of all meetings and pupils are involved in all decisions where appropriate
- particular effort is made to recognise and acknowledge notable achievement in sport, cultural activities (both in and out of College) and co-curricular activities to promote self-esteem



Staff Responsibilities

All teachers are encouraged to identify pupils with special needs and to assist such pupils through different teaching approaches. All teachers, tutors and Houseparents are encouraged to consult members of the Learning Development Department for guidance about appropriate responses and support.

Teachers must write reports which are sensitive to individual pupils needs and LDD. The LDD information can be called up from PASS as the report is written.

Parental Responsibilities

Parents must inform the College as soon as possible if at any time they are at all concerned about their child's progress, or have reason to suspect that a particular learning difficulty exists. In these circumstances, parents must speak to their child's form teacher, Houseparent or Tutor and write directly to the Headmaster about their concerns. It is also important that parents support the IEPs and work of their children in general.

Procedures

Early Identification and Action

- Early identification is vital and all teachers must be alert to the possibility that pupils may have an as yet undetected special educational need
- Class teachers or subject teachers may identify a pupil who is experiencing a difficulty which has not been detected in routine screening tests. Efforts must be made to address the pupil's problem by differentiated teaching where possible and by drawing on the teacher's own resources and repertoire of skills, knowledge and experience.
- Subject teachers should alert the LD Department to any pupils who they think may have LDD.

Assessment and Support

- The HoLD will gather information from all relevant colleagues and will administer a range of tests.
- A report will be drawn up by the HoLD and copies will be passed to the appropriate teacher, tutor, Houseparent.
- If a difficulty is not confirmed at this point then the pupil will continue to be monitored and may be placed on the At Risk List.
- If a difficulty is confirmed then the pupil will be placed on the LDD Register.
- The HoLD may conclude that referral to an outside agency (educational psychologist, medical specialist, etc) may be advisable. Parents will be informed of the outcome of the testing by the HoLD who will also advise teachers, tutor, Houseparent, Headmaster, Headmistress of Junior School, as appropriate.
- If individual or small group support is needed to help the pupil overcome the difficulty then the HoLD will design an Individual Education Plan (IEP). The IEP will address specific, short term targets and will record only that which is different from and additional to normal curriculum provision. It will also record the dates when progress is to be reviewed. The IEP should be reviewed at least twice a year.
- The HoLD or other member of staff will discuss the IEP with the pupil and parents where possible and practicable, both at inception and at review.
- The HoLD and the staff of the LD Department will liaise with appropriate teachers and pastoral staff about the pupil's subsequent progress and performance.



- Staff need to inform/consult with the LD Department when in discussion with parents about anything pertinent.
- Staff must document every relevant phone call and meeting, however informal.

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Learning Disabilities Guidance Notes (ADHD, Dyspraxia, Autistic Spectrum Disorders)

ADHD

Children with attention deficit/hyperactivity disorder (AD/HD) are often of average to high ability but worry parents and teachers because their classroom achievement is erratic and frequently below their apparent ability levels.

The core characteristics of Attention Deficit Hyperactivity Disorder (ADHD) are **inattention, impulsivity and hyperactivity**.

Their behaviour is often marked by all or some of the following:

- Being out of their seats too frequently
- Deviating from what the rest of the class is doing
- Not following the teacher's instructions
- Talking out of turn or calling out
- Having a short attention span and being easily distracted
- Distracting classmates by talking to them or intruding on their work efforts
- Being oblivious or daydreaming, not listening in class
- Losing or forgetting equipment
- Handing in prep late or not at all
- Handing in incomplete or sloppy work
- Memory problems
- Inconsistency
- Poor peer relationships

The problems listed above can often lead to low self-esteem caused by educational and social failure.

Clearly many pupils exhibit some of these behaviours at some time but very few of them will actually have ADHD.

ADHD manifests itself in the home and the classroom in terms of problems with self control, following rules and organisation. The experience of ADHD, by the sufferers, is often one of bewilderment. They are blamed for what looks like wilful misbehaviour or lack of motivation yet they do not have control over the behaviour that causes the problems. They are confused because they believe that they are trying as hard as they can – which indeed they often are.

Not all children with ADHD are naughty and not all naughty children have ADHD.

ADHD can only be diagnosed by specialist doctors, usually after thorough multi-disciplinary investigations. ADHD is a lifelong condition. It is applied to children and adults who have serious developmental, behavioural and cognitive difficulties compared with their peers. It is believed to be caused by neurological dysfunction. Research has shown that ADHD sufferers have unusually low levels of neurotransmitters in the part of the brain which controls our impulses and regulates the ways in which we direct our attention. Effectively the brains of people with ADHD are *understimulated* by the appropriate neurotransmitter chemicals and the medications that are prescribed, such as Ritalin, are psychostimulants which help the individual to be more alert and more able to focus and concentrate. The fiddling, fidgeting, moving around the classroom, looking out of the window, calling out and other behaviours you see in the classroom are efforts to maintain arousal levels in the brain. Medication *isn't* a cure it only allows people with ADHD to benefit from other forms of intervention such as behaviour management, educational and environmental interventions. The medication doesn't work for everyone.

Pupils with ADHD often take longer to complete tasks than their peers, find it difficult to organise themselves or become confused and lost amid complex sequences of written instructions. They often have difficulty with auditory



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discrimination which means that they may have difficulty in following spoken instructions or tasks. Frequently they have difficulties with written language, both reading and writing.

Children with ADHD often learn better in active situations where they have the opportunity to engage with learning material through tactile and kinaesthetic means. Role play can be very helpful.

Most of the classroom problems associated with ADHD present themselves in the form of behavioural problems. These problems will sometimes look like laziness, lack of motivation (the child appears not to care, to be uninterested or occasionally deliberately unco-operative). These problems *cannot* be solved by the pupil simply trying harder. We have to try to help the individual learn how to behave in the desired way. We aren't trying to control or extinguish the unwanted behaviour but are trying to help the pupil to develop habits and patterns of behaviour which are socially effective and educationally appropriate.

Strategies which might help in the classroom

You probably know most of this already...

- Give concise, clear instructions with as few subparts as possible. Encourage the pupil to repeat task requirements, preferably in his own words. There is a need for clarity and precision in communicating with a child with ADHD so that whatever it is that you want the child to do is always sharply in focus and not lost in a fog of extraneous detail or ambiguity.
- Break tasks into small steps. Increase the length of tasks only when the pupil has shown success with shorter assignments.
- Academic products and performance, such as completing work, should be the target of the intervention rather than specific behaviour, such as remaining in seat. This emphasises the *positive* outcome rather than the negative, unwanted behaviour.
- Give frequent and specific feedback on work performance.
- Praise and rewards need to be of high frequency. Small and immediate rewards are more effective than long-term or delayed rewards. Develop a rewards menu.
- Negative consequences should be clearly focused and highly specific. E.g. Mild reprimands for being off task will be most effective when they involve a reminder of the task requirement. Say 'get back to reading page 5 of your geography book' rather than 'get on with your work'.
- Previewing and reviewing of tasks helps pupils know what is expected of them.
- Interaction with the pupil should be marked by brevity, calmness and quietness.
- Reprimands should be quiet and accompanied by direct eye contact.
- Avoid signs of exasperation. Rather than saying 'If I've told you once I've told you a thousand times' when repeating task requirements to the forgetful pupil, try to give them as if you are giving them for the first time, in a calm and measured way.
- If possible sit the pupil in a place which is free from distraction (away from doors and windows) near the front of the classroom, forward-facing and next to a good role model. Ideally the pupil should be placed where the teacher can easily detect if he/she is not attending and can, if necessary, intervene without embarrassing the individual or disrupting the lesson.
- If possible have a designated quiet place in the room where the pupil with ADHD can work where he/she is not able to be distracted.
- Groupwork *can* give overwhelming overstimulation to the ADHD sufferer so working in pairs can be more successful. Groupwork is an important skill but may need to be structured by placing the pupil in a group with others who are skilled in collaboration and co-operation and therefore less likely to place undue strain on the individual's impaired attentional faculties.

DYSPRAXIA

Dyspraxia is often now known as Developmental Coordination Difficulty (DCD). It is a recognised disability under the Disability Discrimination Act.

Dyspraxia is thought to be a neurodevelopmental disorder resulting from an immaturity in the developing brain. This immaturity or impairment affects the way the brain processes information, which results in messages not being fully or properly transmitted. Processing is slow so that messages from the brain take longer than normal to be executed. It manifests itself in difficulty in making motor movements and in planning or executing complex movements. It is associated with problems of perception, language and thought. Slow processing does *not* imply a lack of intelligence.



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Children do not grow out of dyspraxia but they can learn to accommodate some of their difficulties. Early intervention can have beneficial effects but for those with a late diagnosis life is much more difficult.

Each dyspraxic child will display a different range of problems. The following comments are therefore generalisations and may not all apply to each child.

At its most tangible dyspraxia is at the opposite end of the scale to dexterity, fine balance and skilled coordination.

- The dyspraxic child may have continuing visible difficulties with coordination. These may be very apparent or so subtle that you hardly notice any problems. Some children are able to overcome some of the more overt physical difficulties but usually only with tremendous help in their early years.
- In the classroom the dyspraxic child will probably still find the manual skill of handwriting very difficult indeed. He/she *will* be slower at writing than his classmates. The results may look as if he/she hasn't tried at all. The writing will rarely be all on the line. It will straggle above it and then drop below quite suddenly. Individual letters may be of different sizes and will slope in different directions. There may be several different styles of writing all on the same page. Some have difficulty fitting words into the space available and may cram words in at the end of a line. Pen grip may be fierce, often making the wrist and arm ache and handwriting can deteriorate rapidly during long writing tasks.
- Slow written skills mean that many dyspraxic children will not finish work done in timed conditions.
- The rewording of accurate prep instructions may well be unsuccessful, especially if given hurriedly. The dyspraxic pupil may find it difficult to copy notes from the board. Lengthy dictation will probably cause problems.
- Many dyspraxic children find it very difficult to learn keyboard skills so while using a PC might seem the obvious thing to do in the face of handwriting and presentation difficulties for some it's just another area of difficulty.
- Numeracy may be a perceptual challenge. The cluttered material, written formation of numbers, organisation of calculations, complex language used and manipulation of physical elements can all make maths rather daunting.
- Spatial skills are likely to be poor. Drawing graphs, diagrams and charts all involve motor skills which may have been hard to acquire. All such tasks are likely to take the dyspraxic child a very long time and may still be rather a mess. Ruling straight lines can be very difficult for many dyspraxic children. Labelling small diagrams, filling in boxes, shading diagrams may be very hard. Using scissors, pressing small buttons on a calculator, using a fine paintbrush may be a problem.
- The spatial problem can extend to the dyspraxic child having difficulty in finding his way about the school.
- The dyspraxic child may be late for lessons after PE or games because he/she is slow to dress. PE and Games can be a problem because some dyspraxics experience difficulties with balance, throwing and catching. Also, the sequencing and timing necessary too many activities may pose problems. Dyspraxics can appear clumsy and ungainly because they bump into things, drop things, spill the contents of bags all over the floor, trip over...
- Possessions, lockers and workspace may well be untidy and in poor condition.
- Personal appearance may be unusually untidy compared with peers.
- There may be safety issues. Laboratories and workshops may be especially hazardous for the dyspraxic young person.

In addition to the problems caused by poor fine and gross motor skills and weak spatial skills people with dyspraxia often have an array of other genuine difficulties.

- Unfortunately, a reputation for 'clumsiness' in the first years at school, caused by the poor motor and spatial skills, can mean that a young child has few friends (who wants the clumsy child in his team?) and is often reluctant to think that anyone would want to be a friend. Having a very restricted circle of friends as a young child can then lead to further isolation and even less opportunity to develop essential social skills. The consequences of these social difficulties in the early years may still manifest themselves years later in secondary education and beyond. The pupil with dyspraxia is frequently a 'loner'. Often people with dyspraxia don't receive the same social information as the rest of their peer group, this can lead to further isolation and handicaps the development of appropriate social skills.
- Many people with dyspraxia demonstrate reactive and spontaneous behaviour and do not predict the consequences of their actions.
- Dyspraxia can be noticeable as a high-level language disorder in older children when they find it difficult to understand puns, jokes, irony and the nuances of language.
- Reading can be a problem because of the size of the print, the volume of print and occasionally the starkness of contrast between the white page and black print.



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- Concentration may be a problem since attention span may be limited. Some dyspraxic children are very easily distracted. They may appear absent-minded.
- Dyspraxia can cause difficulties with retaining and processing auditory information and with sequencing. This makes it hard to remember instructions.
- *Getting started* on tasks can be difficult.
- Personal organisation can be poor. Books and pens will be lost regularly.
- Time management can be difficult. There may be no sense of time at all.
- Disorganisation may be evident especially when the pupil is trying to understand the various dimensions of a complex timetable, multiple subjects and a variety of room locations.
- They may seem 'odd' to the peer group
- They may do things out of context.
- They may be restless.
- They may lack self-control.
- They may find it hard to make eye-contact, may mumble, fiddle and fidget, apparently not paying attention.
- All of the above can lead to social isolation further hindering the development of appropriate social skills. Self-esteem can consequently be poor.

All these problems are usually very evident to teachers, classmates and parents and the dyspraxic child is likely to have endured years of critical comments, rebukes for carelessness and endless exhortations to 'try harder'.

A complex web of avoidance, denial and excuses may well have been developed in an attempt to hide the problem and its manifestations.

People with dyspraxia may be ridiculed and bullied by other pupils and punished by teachers because of behaviour which they are unaware of or do not know how to change.

Strategies which might help in the classroom

- Sit dyspraxic pupils at the front of the class, forward facing.
- Ask for and value verbal responses as well as written ones
- Give very precise, clearly sequenced instructions.
- Have very specific targets.
- Encourage the use of word processing if this is a skill the individual has.
- Allow extra time for drawing, labelling diagrams.
- Enlarge diagrams.
- Encourage the use of highlighters, post-it notes.
- Use active rather than passive questions.
- Use active sentences in handouts and instructions.
- Use a large clear font such as arial or calabri.
- Allow extra time for reading.
- Avoid putting pupils in situations which might lead to difficulties (such as handing out a pile of books).
- Be aware of the time management issues and provide help if you can. Remind of deadlines.
- Be aware of the possible health and safety issues.
- Try not to draw attention to a pupil's difficulties. If someone is always late from PE it's probably because of the dyspraxia (slow to change, need to remember exactly where the next lesson is, bag has been dropped and contents spilled...).

Some children have to contend with an array of *specific learning difficulties* of which dyspraxia may be just one.

DYSLEXIA

Dyslexia is a specific learning difficulty because it compromises a person's learning in a *specific* area –the acquisition and development of literacy. It is quite possible to be extremely able, with an IQ in the top 1% of the population, and yet be dyslexic and have slow, faltering reading, erratic spelling and poor presentation and organisation.

It is quite different from a *general* difficulty with learning where someone finds everything hard to understand and learn.



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Many of our dyslexic pupils are very bright. Their reading, spelling and handwriting may be less than perfect but many have first-rate minds which need to be stretched and challenged.

Most of our dyslexic pupils cope daily with a daunting array of difficulties. They are usually relieved to be helped, positively thrive on praise and, as their public examination grades regularly show, most of them do work very hard indeed and do achieve very good results!

Dyslexia cannot be 'cured' but we can try to teach strategies to help our dyslexic pupils cope with the demands of an academic curriculum and a full school life. A developmental surge in the form of enhanced literacy skills and improved strategies for dealing with known weaknesses in organisation and memory is often evident as individuals mature.

Worksheets and Handouts

These can be of inestimable value especially if you are able to use **bold** and underline and choose a very clear font.

Don't reduce unless it's vital and try to leave plenty of white space.

When you give a class a handout please encourage them to

- Name it
- Date it
- Punch it
- File it ... straight away.

Prep

Ensuring that clear instructions are provided in good time, well before the bell rings and the chair scraping begins, means that you are more likely to get the correct prep handed in on the right day. If prep is always handed in on the same day to the same place then the odds improve of you actually seeing it!

Dictation and copying from the board

Lengthy dictation and copying of board after board of information is likely to be waste of your time and theirs. All the effort will go into the mechanics of transcription and very little will be directed to the processing and understanding of the information you are attempting to teach.

When large amounts of dictation or copying are involved then our dyslexic pupils are almost certain to lose their place when they look back up to the board from the paper they are writing the notes on. It can be helpful if you either number the lines or use different colour board markers for each line of writing.

Many of our dyslexic pupils experience auditory and/or visual short-term memory (STM) problems and both copying from the board and dictation place significant loads on STM. Both activities require the writer to hold a string of words in his STM in the correct sequential order while he is writing. In dictation, if the next string or sequence is dictated too quickly then the previous one is lost before it can all be written down. Copying from the board places a similar stress on STM.

Key terms and specialist vocabulary

Each subject will have its own key terms and specialist vocabulary and it really helps our dyslexic pupils if you can emphasise that these really do have to be learned.

If you are able to give us lists of essential subject-related vocabulary we will try to make sure that our pupils can read these words with ease. We will also try to teach them how to spell them.

Reading

We all need to remember that many of our pupils are unable to read as quickly and as fluently as we do. Dyslexic pupils may learn to be accurate readers but they rarely become fast readers. If they read very quickly then they are liable to lose accuracy.



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It is unusual for a dyslexic child to develop a range of reading strategies. Most fluent readers will automatically use different approaches to different types of text and will know instinctively when it is necessary to read every single word and when a quick skim will suffice. Most dyslexics simply do not possess this repertoire of strategies.

Lengthy reading preps will almost certainly take your dyslexic pupils far longer than you can possibly imagine. This applies across the age range.

It is not good practice to force anyone to read aloud. Some of our pupils don't mind but for many it is an embarrassing and anxiety-inducing experience. They sit and wait their turn with dread. Instead of listening to what is being read by someone else they are probably staring at the text and worrying about their own turn.

Spelling and Punctuation

All of our dyslexic pupils know that they're not very good at spelling. Drawing public attention to an individual's errors is unhelpful and usually humiliating for the young person concerned. Please don't ask any dyslexic pupil to spell out loud.

Searching for that elusive spelling either in the mental lexicon or in a dictionary takes up valuable time and may interrupt cognitive flow.

Poor punctuation is usually very obvious and it tends to be as hard for the dyslexic to acquire as accurate spelling.

Marking every single spelling error is likely to take you a very long time and could well be very demoralising for the pupil concerned so sensitivity is required.

Departmental spelling protocols may differ but it assists our pupils if your specific spelling objectives are clear.

Poor handwriting and presentation

Poor handwriting and scruffy presentation are unfortunately often part of the dyslexic profile. Many of our dyslexic pupils have problems with their fine motor skills and find it very difficult to produce evenly formed letters that stay on the line. It's hard to draw a straight line when you haven't got a ruler because you've lost your pencil case again. More and more pupils are using word processors as their main form of recording information.

Poor organisation

Poor organisation is usually related to problems with poor memory and poor sequential recall. Problems can arise with organising the working day (Which lessons? When? Where? What do I need?) and in organising their personal possessions (Where is my file? My calculator? My prep? My Games Kit...is it swimming or badminton today?).

Multiple copies of clear timetables (inside locker doors, in pencil cases, on dayroom walls) can help our dyslexic pupils know where they're supposed to be.

Checklists of essential equipment for your subject can be useful.

Any positive routine that you can build into a class's normal activity will certainly help.

AUTISTIC SPECTRUM DISORDERS

Autistic Spectrum Disorders describe a range of disorders including Autism, Asperger's Syndrome and others which share a similar pattern of difficulties as described below.

Autistic Spectrum Disorders are diagnosed by health professionals. They affect more males than females. They may result from a range of causes including hereditary and biological factors. They are *not* caused by inadequate parenting or any life experiences. ASDs are life long and there is no 'cure' at present. People with ASDs can improve their quality of life enormously if they learn strategies for managing their difficulties.

People with ASDs all have **significant impairments** in the following three areas.



1. Social Understanding

- They lack an awareness of self and of their own feelings.
- They lack an awareness of the needs, feelings and intentions of others.
- They may be socially aloof.
- They may want to have friends but find it difficult to make and sustain friendships.
- They may find it difficult to do things like turn-taking and sharing.
- They lack awareness of unwritten social and cultural rules. For example, they may say the 'wrong' things all the time ('You're really fat!')

2. Communication

- Speech can be delayed and disordered or over-formal and pedantic.
- The volume at which speech is delivered may be inappropriate.
- Speech may be monotonous.
- Understanding of language is always compromised and tends to be over literal.
- There is often difficulty understanding instructions, reading between the lines, understanding metaphor, humour, irony and so on.
- There is often difficulty in holding a two-way conversation.
- There is also difficulty in understanding non-verbal communication including facial expression, gesture and body language. It may be difficult for an ASD person to make eye contact.

3. Flexibility of thought and behaviour

- People with ASDs are usually very upset by changes in routine.
- They insist on routines and sameness.
- Their behaviour may be repetitive.
- They are often rigid in their thinking.
- They may have difficulty with problem-solving both academically and in real-life situations.
- They may have difficulty in generalising what has been learned.
- They often have special interests and obsessions.
- Sometimes there may be difficulty in discriminating between fantasy and reality.

In addition to this triad of impairment there may also be:

- Difficulties with motor co-ordination, both fine and gross.
- Heightened sensitivity to sensory stimuli. People with ASD may find certain sights, sounds, physical touches unbearable.
- Anxieties and phobias.

Asperger's Syndrome is normally diagnosed when a person with ASD has well-developed structural language skills and has general abilities well within the average range.

How can we all support our ASD pupils?

We all need to appreciate that these pupils are seeing the world differently and 'normal' approaches often just won't work.

Structures and routines are very important. We need to make ourselves and our working environments as predictable as possible.

We need to give clear **warnings of change**. If the class/games/daily routine is going to change then we need to tell them in very good time.

Transition times can be very difficult. Even the ending of a lesson can prove a problematic time since the ASD pupil may be fully engrossed in a task (particularly if it's a pleasant one) and will find it difficult to end that specific task to move on to another or to the next lesson. It helps if you can flag up the fact that there is only so much time left.

Major changes such as the transition from primary to senior school can be very hard for the ASD pupil to cope with. Even the move from Year 9, where a pupil has spent virtually every lesson with the same group of peers (who have often been very supportive), to Year 10, when there are many different sets and groupings of pupils, may pose very real difficulties.



Special Educational Needs – Learning Difficulties and Disabilities and Pupils for whom English is an Additional Language

Consistent boundaries are vital. Many people with ASDs tend to show controlling behaviours and would like to control us. We need to be firm and calm. We need to give them structure and to be consistent in our expectations and in what we say.

Visual approaches are usually helpful since many of those with ASD are visual learners. ICT is generally also helpful because it is seen as predictable and doesn't require interaction.

Language approaches need to be kept simple. ASD pupils are likely to have adequate 'verbal' skills but have poor understanding. Sarcasm is a pointless tool with these pupils. If non-literal language is used then you need to explain what it means. Don't ask 'shall we do this now?' tell them what to do now. Tell them what to do and not what you want them to stop doing.

Links and generalisations. It is vital to provide **explicit** links when you expect a pupil to extrapolate from one situation/concept to another. Subject-specific language can also be a minefield. A 'large' number in maths can be interpreted as something that is physically big.

Motivation can easily be lost. Rewards and praise are as important to ASD pupils as they are to others. Ideally, rewards should not be 'open' (either x or y) but should be clear to possible recipients. Tasks like drafting and redrafting can seem pointless activities and unless explained very clearly will lead to loss of motivation.

We need to foster **Home/School links**. Usually ASD pupils are far worse at home than they are at school. We need to know what is happening at home because of the effects at school. Homework can be a real problem with the ASD pupil becoming very distressed particularly if homework instructions are incomplete or incorrect.

Since **Group work** can be very difficult for the ASD pupil and for the others in the group a high level of adult support may be necessary. Large groups like school assembly can be very hard.

Social inclusion is something that we need to promote actively but subtly where possible. ASD pupils can often survive better with a 'buddy'. Sometimes it is necessary to inform a pupil's peers about the nature of the problem so that they are more able to understand rebuffs and apparently inexplicable behaviours and reactions. It often helps to say what X *can* do well and then explain the difficulty.

Social interaction needs to be handled skilfully. Don't insist on eye contact. People can be listening without looking at you.