



# Expression of Concern to the SENDCo



## *Does the child have a Special Educational Need?*

### **What are Special Educational Needs (SEN)?**

Section 20 Children and Families Act 2014 defines a child as having Special Educational Needs (SEN) if he or she “has a learning difficulty or disability which calls for special education provision to be made for him or her”.

A child is considered to have a learning difficulty if she or he:

- has a significantly greater difficulty in learning than the majority of others of the same age; or
- has a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post 16 institutions.

<b>Name of Child:</b>	
<b>Class:</b>	
<b>Date:</b>	
<b>Member(s) of Staff reporting concern:</b>	
<b>Most recent Assessment Information:</b>	
<b>Please indicate the area(s) of concern linked to the SEN Code of Practice:</b>	
<b>Briefly explain what difficulties the child is experiencing in accessing the curriculum:</b>	•
<b>What strategies have you already tried to support the child?</b>	•
<b>Are the parents aware of your concerns?</b>	
<b>Is there anything else you would like me to know about the child?</b>	

## Staff and/or parents query dyslexia

Share concerns with SENCo

Has the child had a recent eye test? If not, parents to arrange

### Gathering Information

Possible actions to gain further evidence:

#### Reading:

- Class teacher to hear the child read and analyse approaches and errors e.g. sight recognition, decoding, tracking
- If decoding is weak, complete phonic check (including non-words)
- Check SALFORD reading age

#### Writing:

- SENCo to complete book trawl to analyse spelling errors
- Consider checking ability to spell HFWS

ASSESS

Feedback findings from assessments above with class teacher and parents.  
Share plan of action (below).

PLAN

### Possible Interventions

Linked to area of need identified above

#### Tracking Difficulties:

- Child to use a ruler/bookmark whilst reading
- Trial use of a coloured overlay
- Consider referral to Orthoptic clinic

#### Phonic Difficulties:

- Phonics support e.g. Read Write Inc, Dancing Bears, Toe by Toe, Reading Eggs
- Precision Teaching of gaps in phonics

#### Sight Recognition:

- Precision Teaching of irregular words
- Sight recognition games e.g. flash cards

#### HFWS:

- Word Shark
- Visual word banks

DO

### Review progress after a term

Has the intervention had the required impact?

What progress has been made?

Pupil Voice: How are you feeling about...? What has helped you?

#### Progress being made:

- Intervention no longer needed?
- Intervention to continue?

#### Concerns continue:

- Consider SENTAA referral and/or advice
- Staff and/or parents to complete 'Indicators of Dyslexia' checklist

REVIEW

### Definition of Dyslexia:

'**Dyslexia** is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling. Characteristic features of **dyslexia** are difficulties in phonological awareness, verbal memory and verbal processing speed.' Rose Report 2008

See <https://www.bdadyslexia.org.uk/> for further information

## Staff and/or parents query Autistic Spectrum Disorder (ASD)

Share concerns with ASD Lead and/or SENCo

### Gathering Information

Possible actions to gain further evidence:

#### School:

- ASD Lead to complete classroom and/or playground observation
- ASD Lead to discuss concerns with school staff (teachers, teaching assistants, Kids Club etc) – are there any ASD indicators?

#### Home:

- Parents to share concerns/observations with ASD Lead and/or SENCo
- Discuss and identify any sensory needs

ASSESS

ASD Lead and/or SENCo to feedback findings from assessments above with class teacher and parents.

Share plan of action (below).

PLAN

### Possible Actions / Interventions

Linked to the 4 areas of difference:

- Ensure ASD friendly classroom strategies are in place e.g. Visual Timetable, simplified instructions, processing time
- Class Teacher to monitor around 4 areas of difference – collect evidence for 2 terms
- Informal liaison between school staff and parents re: behaviours and anxieties at home
- Consider sensory needs – fiddle toy, wobble cushion etc Monitor impact over a term
- Possible involvement in Lego Therapy and other social interventions. ASD Lead to gain further information and understanding of social communication and understanding
- Consider if additional intervention/support is needed in social situations e.g. direct to Play Leaders at lunchtime, Golden Time
- Share ASD behaviour checklist with parents
- Consider SEMH/SENTAA observation re: 4 areas of difference

DO

### Review progress after a term

Has the intervention had the required impact?

What progress has been made?

Pupil Voice: How are you feeling about...? What has helped you?

#### Progress being made:

- Intervention no longer needed?
- Intervention to continue?

#### Concerns continue:

- Consider Specialist Assessment Service (SAS) referral and/or advice

REVIEW

## Autistic Spectrum Disorder

### Four key areas of difference

Every child on the autism spectrum will have a range of abilities within each of these areas. Many pupils on the spectrum have high levels of anxiety. Pupils on the autism spectrum have differences in:



See National Autistic Society  
<https://www.autism.org.uk> for further information

## Staff and/or parents query Attention Deficit (Hyperactivity) Disorder

Share concerns with SENCo and/or ASD Lead

### Gathering Information

Possible actions to gain further evidence:

**School:**

- Adult to complete classroom and/or playground observation(s) – could use twinkl ‘ADHD - Teacher Checklist’
- SENCo/ASD Lead to discuss concerns with school staff (teachers, teaching assistants, Kids Club etc) – are there any ADHD indicators?

**Home:**

- Parents to share concerns/observations with ASD Lead and/or SENCo
- Discuss and identify any sensory needs

**ASSESS**

ASD Lead and/or SENCo to feedback findings from assessments above with class teacher and parents. Share plan of action (below).

**PLAN**

### Possible Actions / Interventions:

**School:**

- Ensure ADHD friendly classroom strategies are in place Ref ‘Top Tips for supporting a Pupil with ADHD in the classroom’ and ‘Creating an ADHD friendly classroom’
- Informal liaison between school staff and parents re: behaviours at home/school
- Consider sensory needs – fiddle toy, wobble cushion etc Monitor impact over a term
- Possible involvement in Lego Therapy and other social interventions.
- Consider if additional intervention/support is needed in social/unstructured situations e.g. direct to Play Leaders at lunchtime, support in Golden Time
- Consider use of regular movement breaks
- Consider use of individual reward chart – use SMART targets and option for daily rewards
- Consider SEMH/SENTAA observation

**Parents:**

- Speak to GP re: concerns. Request referral to Paediatrician
- Speak to GP/School nurse if sleep is an issue
- Signpost parents to ‘Understanding your child’s behaviour’ course

**DO**

### Review progress after a term

Has the intervention had the required impact?  
 What progress has been made?  
 Pupil Voice: How are you feeling about...? What has helped you?

**Progress being made:**

- Intervention no longer needed?
- Intervention to continue?

**Concerns continue:**

- Consider referral and/or advice – Becci Wilkins ADHD Clinical Nurse Specialist or Paediatrician

**REVIEW**

### Definition of Attention Deficit Hyperactivity Disorder:

**Attention deficit hyperactivity disorder (ADHD) is a behavioral disorder that includes symptoms such as inattentiveness, hyperactivity and impulsiveness.** Symptoms of ADHD tend to be noticed at an early age and may become more noticeable when a child's circumstances change, such as when they start school. Most cases are diagnosed when children are 6 to 12 years old. The symptoms of ADHD usually improve with age, but many adults who were diagnosed with the condition at a young age continue to experience problems. People with ADHD may also have additional problems, such as sleep and anxiety disorders. See <https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/> for more details