

## Doncaster Early Years Inclusion Team Early Intervention Allowance (EIA)

Early intervention allowance is available to support the inclusion of children with a Special Educational Need or Disability (SEND).

Special Educational Needs is defined within the SEND Code of Practice (2015) as ‘A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she has a significantly greater difficulty in learning than the majority of others of the same age, or has a disability which prevents or hinders him or her from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.’

The Graduated Approach underpins the Early Years Intervention Banding Document. The Graduated approach is defined in the SEND Code of Practice (2015) is ‘A model of action and intervention in early education settings, schools and colleges to help children and young people who have special educational needs. The approach recognises that there is a continuum of special educational needs and that, where necessary, increasing specialist expertise should be brought to bear on the difficulties that a child or young person may be experiencing.’

Whilst it is the expectation of the local authority that providers will work positively to offer inclusive services through the graduated approach to meet the needs of all the children in their care, it is recognised that on occasion a child may need additional support that is over and above what can be provided through the universal offer.

Eligibility Criteria for Early Years Intervention Allowance is detailed on the ‘2020 EIA Funding Agreement’ document. This is available at <https://www.doncaster.gov.uk/services/schools/local-offer-early-years-and-childcare>

Allocation of Early Years intervention Allowance is awarded based upon the child’s individual need and the evidence received in line with the Early Years Requests criteria.

SEN Support – The child is experiencing moderate needs
Band B - The child is experiencing severe needs
Band A – The child has complex needs

Category of Need	
Communication and Interaction	A. Speech and Language DfE code SLCN B. Social Communication (and including those with a diagnosis of Autism DfE code
Cognition and learning	A. Learning DfE code MLD/SLD, PMLD
Social, Emotional and Mental Health	A. Emotional regulation DfE code SEMH B. Mental Health DfE code SEMH
Sensory and/or Physical	A. Visual Impairment DfE code VI/MSI B. Hearing Impairment DfE code HI/MSI C. Physical DfE code PD D. Medical

**Category of Need - Communication and Interaction**

<b>COP Stage/Band</b>	<b>Individual learner characteristics</b>	<b>Possible support and strategies delivered through the Graduated Approach defined as in the SEND Code of Practice (2015) as 'A model of action and intervention in early education settings, schools and colleges to help children and young people who have special educational needs. The approach recognises that there is a continuum of special educational needs and that, where necessary, increasing specialist expertise should be brought to bear on the difficulties that a child or young person may be experiencing.'</b>
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**The child may present with the following:**

- Is making insufficient developmental progress, and is developing at below age related expected levels including Communication and Language, within the EYFS.
- Has identified needs & is going through assessment or identified as having Autism or Speech Language and Communication Needs
- Finds difficulty in following simple instructions
- React differently/atypically to emotions
- Requires strong routines & boundaries to stay engaged
- Requires help developing & maintaining communication & language skills particularly in noisy/overstimulating environments
- Be very self-contained
- Makes limited eye contact
- Have a series of sounds or words which, while not in common use, are understandable by others

- Finds difficulty in ending/moving on from an activity or seek repetitive acts
- Reacts to low level sensory likes or dislikes e.g. high noises, certain smells
- Have a tendency to follow their own agenda rather than that of the class
- Need "safe" places to sit, work or eat
- Looks to others to support decision making
- Requires considerable adult support to explore/engage in play/conversation/activities
- Finds difficulty in interacting/communicating with others and peers
- Enjoys and engages in some positive activities
- With help, may gain skills and strategies to manage the difficulties identified.
- Requires adults to simplify language used or provide visual support/adapted activities.
- Requires support to produce written work
- Have some difficulty sharing their ideas by talking.

The Child can progress in setting with timely and appropriate interventions (this may involve some small group work).

Action/support may include but is not exhaustive of the following:

- Continual opportunities for developing speech, language and social communication including listening and attention skills, understanding (receptive language) and speaking (expressive language)
- Communication friendly spaces
- A curriculum that emphasises the development of receptive and expressive language skills to enable children to make relationships and access learning
- Visual support and signing in use to create an inclusive environment for all children
- Flexibility and differentiated small groups allows for peer support / role models
- An available adult to facilitate and role model learning such as; purposeful play, appropriate use of resources, reduced language, and expectations.
- On-going opportunities for individual support focused on specific targets with reinforcement in provision and activities to aid development of transferable skills
- Further differentiation of the level, pace and amount of adult support across the required activities/areas f
- Continual and consistent use of language strategies to support the child's identified need including recommendations from speech and language therapists/other agencies and professionals where relevant.
- Small steps approaches (i.e. learning outcomes follow the SMART approach and reviewed at least every 12 weeks)
- Structured approaches/timetables where relevant to the individual child
- Opportunity for multi-sensory approaches if required

<p style="text-align: center;">Band B</p>	<p><b>The child may present with the following:</b></p> <ul style="list-style-type: none"> <li>• Independently mobile but physically vulnerable</li> <li>• Some sensory/medical difficulties</li> <li>• Significant receptive and expressive language difficulties</li> <li>• Follow instructions/aspects of the routine with the use of augmentative communication</li> <li>• Developmental progress is stagnant and child is developing at significantly below age related expectations in at least two prime areas of the EYFS (one of which includes Communication and Language)</li> <li>• Child is receiving support from the Speech and Language therapy service</li> <li>• At least one other professionals/agency is supporting the child</li> </ul>	<p><b>Settings should follow the Assess-Plan-Do-Review (APDR) cycle and also seek advice and support from the Early Years Inclusion Team and/or outside agencies e.g. Speech and Language Therapy or Early Help to monitor progress using the EYFS Development Matters document and/or other equivalent developmental journals (for example, SEN statements, tapestry - Cherry Garden, early support developmental journal.). A coherent multi-agency approach for support must be followed with all involved with the child in line with the SEND Code of Practice 2015</b></p>
<p style="text-align: center;">Band A</p>	<p><b>The child may present with the following:</b></p> <ul style="list-style-type: none"> <li>• Vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI), will require specialist support and/or equipment to access their learning.</li> <li>• Visual or hearing impairment linked with two other criteria</li> <li>• Little or no language</li> <li>• Method of communication augmentative communication e.g. BSL/Makaton/PECS/ Symbols/Pre-verbal</li> <li>• Requires significant adult support to follow through with instructions/aspects of the daily routine</li> <li>• Developmental progress is stagnant and child is developing at <u>significantly</u> below age related expectations across all prime areas of the EYFS</li> <li>• Child is receiving support from the Speech and Language therapy service</li> <li>• Two or more outside agencies/professionals are supporting the child</li> </ul>	

**Category of Need – Cognition and Learning**

COP Stage/Band	Individual learner characteristics	Possible support and strategies delivered through the Graduated Approach defined as in the SEND Code of Practice (2015) as ‘A model of action and intervention in early education settings, schools and colleges to help children and young people who have special educational needs. The approach recognises that there is a continuum of special educational needs and that, where necessary, increasing specialist expertise should be brought to bear on the difficulties that a child or young person may be experiencing.’
SEN Support	<p><b>The child may present with the following:</b></p> <ul style="list-style-type: none"> <li>• Is making insufficient developmental progress or falling behind average age related attainment with reference to the EYFS</li> <li>• Has needs identified and has been referred for assessment</li> <li>• Can progress in mainstream provision with timely and appropriate interventions. (This may involve some small group work or 1:1 work)</li> <li>• Experiences low level difficulties with: One aspect of learning for example, written communication, verbal communication –Speech and language,</li> </ul> <ul style="list-style-type: none"> <li>• Numbers</li> <li>•appreciating instruction/understanding</li> <li>•tackling new concepts</li> <li>•social awareness and relationships</li> </ul> <p>Specific Learning Disabilities. For example ADHD or Dyspraxia/Co-ordination difficulties</p>	<p><b>Action/support may include but is not exhaustive of the following:</b></p> <ul style="list-style-type: none"> <li>•Practitioners to undertake a detailed assessment of the child’s strengths and areas where the child is not making progress. In order to develop and inform the children personalised appropriate learning outcomes.</li> <li>•Learning outcomes, (SEN plan, EHCP) and supportive approaches to be agreed with parents, professionals involved with the child and implemented consistently.</li> <li>•Appropriate use of staffing and resources to enable for small group and individual learning activities as appropriate.</li> <li>•Differentiation of the EYFS curriculum to facilitate small steps in learning.</li> <li>•Use of activities and resources appropriate for the developmental level of the child</li> <li>•Some access to small group and individual support targeted to address areas of need. Adult to role model</li> <li>•Use of visual, auditory and kinaesthetic approaches. Practitioners to access necessary formal and informal training to support strategies for learning</li> <li>•Awareness that a child may need more time to complete tasks and process information and that equality of access may mean that they need to do some things differently.</li> </ul>

Band B	<p><b>The child may present with the following:</b></p> <ul style="list-style-type: none"> <li>• Has moderate learning difficulties</li> <li>• Is working outside of their level of development within the EYFS.</li> <li>• is working at a level significantly below expected outcomes and there is evidence of an increasing gap between them and their peers</li> <li>• Requires a high level of support to scaffold thinking and communication.</li> <li>• Requires small group with individual support</li> <li>• May have SEMH difficulties associated with the primary need that would be expected to lessen over time as the learning needs are met.</li> <li>• may require essential and ongoing support and monitoring for healthcare procedures identified in a Health Care Plan, for example respiratory care, occasional seizures</li> </ul>	<ul style="list-style-type: none"> <li>•Reinforcing expected behaviours. Adult to role model, for example show how to play, support rules of play, social interaction,</li> <li>•Resources and displays that support independence and inclusion</li> <li>•A clear and appropriate monitoring system should be in place with regular review of support programmes, involving parents and support services (review). The Assess, Plan, Do, Review approach.</li> <li>•Provision of alternative communication systems should be considered to support the development of expressive and receptive language skills and learning.</li> <li>•Visual aids to support instruction, language and routines, for example pictures, Rebus Symbols, Makaton signs.</li> </ul> <p><b>•A coherent multi-agency approach for support must be followed with all involved with the child in line with the SEND Code of Practice 2015</b></p>
Band A	<p><b>The child may present with the following:</b></p> <ul style="list-style-type: none"> <li>• Has Profound and multiple learning difficulties.</li> <li>• Is functioning within the 0-20 months range as assessed across the 3 prime areas.</li> <li>• Has little or no understanding of social reciprocation. A recognition of the need for social interaction may be yet to develop.</li> <li>• Has additional physical/medical and sensory needs and may have a life limiting condition.</li> <li>• Has identified learning disabilities and is highly likely to request an EHCP</li> <li>• Has continuing emotional, social and behavioural difficulties associated with child's primary need.</li> <li>• Individual supervision needed at all times to ensure safety e.g. swallowing small objects. On occasion 2.1 staffing ration may be required to ensure safe transfer between equipment/activities.</li> <li>• May require essential and ongoing support and monitoring for healthcare procedures identified in a health care plan, for example respiratory care, seizures and Nasal gastric tube</li> <li>• Has severe difficulties with learning</li> <li>• Communicates using limited range of signs and gestures and some key words</li> </ul>	

**Category of Need – Social, Emotional and Mental Health**

COP Stage /Band	Individual learner characteristics	Possible support and strategies delivered through the Graduated Approach defined as in the SEND Code of Practice (2015) as ‘A model of action and intervention in early education settings, schools and colleges to help children and young people who have special educational needs. The approach recognises that there is a continuum of special educational needs and that, where necessary, increasing specialist expertise should be brought to bear on the difficulties that a child or young person may be experiencing.’
SEN Support	<p><b>The child may present with the following:</b></p> <ul style="list-style-type: none"> <li>•Has difficulties with relationships or SEMH needs &amp; may be undergoing an assessment</li> <li>•Can progress in mainstream with timely and appropriate interventions.</li> <li>•Experiences low level/low frequency difficulties with:               <ul style="list-style-type: none"> <li>•Following classroom routines and focusing their attention</li> <li>•Complying with adult reasonable requests</li> <li>•Responding appropriately to social demands</li> <li>•Managing their impulsivity</li> <li>•Forming and sustaining relationships with peers</li> <li>•Working and playing cooperatively with their peers</li> <li>•Organising their approach to learning tasks</li> </ul> </li> <li>•Managing frustrations and demands</li> <li>•Persisting with a challenging task and waiting their turn               <ul style="list-style-type: none"> <li>• Accepting praise and accepting and seeking support from adults and peers when required</li> </ul> </li> <li>•Managing emotions and repairing relationships</li> <li>•Transitions               <ul style="list-style-type: none"> <li>•These may be linked to events in their life, which have a temporary or irregular impact on the Child.</li> <li>•The child may have immature social/emotional skills e.g. difficulties with turn-taking, reciprocal attention, sharing resources, etc.</li> <li>•Be socially isolated e.g. tends to be alone and has low-level anxiety in social situations</li> <li>•Have low self-esteem, which can result in low-level attention seeking or withdrawal.</li> <li>• Have difficult family experiences that are having an impact on their ability to focus on learning.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>•Practitioners to provides an environment that enables the child to:           <ul style="list-style-type: none"> <li>•Have fun and enjoyment</li> <li>•Feel a sense of belonging</li> <li>•Feel safe</li> <li>•Have opportunities to be successful and valued</li> <li>•Develop and understanding of acceptable and unacceptable behaviours</li> <li>•Develop an awareness of empathy</li> <li>•Play and learn</li> <li>•Awareness that a child may need more time to complete tasks and that equality of access may mean that they need to do some things differently.</li> <li>•Resources/materials and displays that support social and emotional development.</li> <li>•Assess through observation/discussion with relevant adults who work with the child. (assess)</li> <li>•Plan outcomes to support emotional wellbeing of child</li> <li>•Consider using Leavens scales of wellbeing and involvement</li> <li>•Actions may include; (do)</li> <li>•Differentiation of activities and resources</li> <li>•Use of visual, auditory and kinaesthetic approaches</li> </ul> </li> </ul>

**The child may present with the following:**

- Significant immaturities in social and emotional development
- Behaviour erratic
- Need support in unstructured times
- Developing social skills
- Developing emotional skills
- The Child can progress within a smaller group with appropriate interventions, but needs additional help in larger groups or activities.

The Child may:

- Be involved in regular incidents, where she/he uses physical responses to express extreme emotions requiring specific intervention/strategies
- Have additional complex mental health needs which impacts on their learning or social interaction and which requires additional staff interventions
- Target other children and/or staff, often with limited understanding of the consequences of their behaviour on others
- Engage in self-harm behaviours and activities which put him/her in dangerous situations
- Have imbedded habits that inhibit learning and progression

- Have approaches to situations that are disruptive to the learning of others and leads to frequent conflict with staff.
- Once interventions/strategies are in place, require occasional interventions from SENCO
- The Child experiences significant, frequent difficulties:
  - With regular incidences of non-compliant and uncooperative behaviour which are long lasting and frequent e.g. not engaging, removing themselves from the activity.
  - With self-regulating e.g. intense emotional or aggressive outbursts, uninhibited unpredictable outbursts, inappropriate, displaying high levels of anxiety,
  - Low wellbeing
  - Often or regularly approaches situations in ways which cause a significant barrier to learning e.g. disengaging, using avoidance strategies, casting resources,
  - Limited concentration.
  - Increasing concerns around emotional wellbeing e.g. self-harm, sensory seeking behaviours, fears, risk-taking,
- The Childs SEMH needs may co-exist with other learning needs

- Awareness that a child may need more time to complete tasks and that equality of access may mean that they need to do some things differently
- Resources and displays that support independence
- Practitioners to provide a consistent approach.
- Practitioners to provide clear expectations and boundaries.
- Provide clear structure and routines for example transitions.
- Offering child opportunities to take on responsibilities for example, tidying up, help setting up for snack time, giving peers' plates.
- Sharing appropriate information about the child's needs and or difficulties with key person and relevant staff.
- Opportunities for small group work based on individual/identified need
- Regular review of support programmes and strategies involving parents and support services. (review)
- Using sign language around the setting, allowing child to see communication happening in other areas
- Empowerment of HI children, allowing them involvement during equipment checks
- Positive role model books/stories/ photos showing children/characters with HI.
- If appropriate/necessary, ensuring other children understand the function of the equipment and importance of not disturbing it
- A monitoring system should be in place to assess the child's need, identify outcomes, implement support and monitor and evaluate progress and plan for next steps, for example a personalised learning plan.

Band A	<p><b>The child may present with the following:</b></p> <ul style="list-style-type: none"> <li>•Is withdrawn, isolated displaying challenging behaviour</li> <li>•Unaware of dangers to themselves/peers</li> <li>•Self-harming</li> <li>•With appropriate interventions, the Child can progress in some activities, but may need regular smaller groups and activities.</li> <li>•The Child requires support interactions appropriately in unstructured times</li> <li>•show anxiety, low emotional wellbeing, distress or challenging behaviour which requires access to a bespoke environment</li> <li>•May have learning difficulties or delays in progress related to their SEMH difficulties</li> <li>•struggle with self-regulating emotions resulting in behaviours that affects relationships and learning disengage with appropriate learning activities–</li> <li>•self-directed play would for majority of the time unless supported</li> </ul>	<ul style="list-style-type: none"> <li>•struggle with appropriate learning behaviour e.g. sustaining attention and concentration, motivation to engage with work-related activities, accepting support</li> <li>often challenges boundaries and shows persistent resistance to adult intervention to help them manage their behaviour without supportive interventions</li> <li>•have significant self-esteem issues affecting relationships and behaviour patterns.</li> <li>•struggle socialising with peers and adults e.g. lack of empathy, often show low wellbeing or does not communicate for periods of time</li> <li>•have difficult when situations activities are not on their terms.(adult led)</li> <li>•need time to understand feelings and experiences before demonstrating empathy.</li> <li>•Sometimes particular activities will trigger difficult emotions that need to be responded to at the time.</li> <li>•Sometimes approaches situations in ways, which causes a barrier to learning such as disengaging, using avoidance strategies, limited concentration, sensory seeking behaviours.</li> <li>•Casting resources</li> </ul>	
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**Category of Need – Physical and Medical**

<b>COP Stage /Band</b>	<b>Individual learner characteristics</b>	<b>Possible support and strategies delivered through the Graduated Approach defined as in the SEND Code of Practice (2015) as ‘A model of action and intervention in early education settings, schools and colleges to help children and young people who have special educational needs. The approach recognises that there is a continuum of special educational needs and that, where necessary, increasing specialist expertise should be brought to bear on the difficulties that a child or young person may be experiencing.’</b>
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**The child may present with the following:**

- Dependent upon adult support for basic care needs.
- Unaware of common dangers
- Experience fine and gross motor difficulties.
- Physical condition may vary from day to day.
- Experience difficulties with their core stability
- mobility that is moderately impaired and experiences difficulties on stairs and with spatial orientation and whose movements are unsteady in crowded areas and on uneven ground/gradients
- Have an unpredictable long term condition which sometimes affects their ability to access typical activities or may require adaptations to the planning and frameworks
- They may experience fluctuating levels of pain or fatigue, which can affect concentration and their setting attendance, may be affected.
- Fail to make age related expected progress because of their physical/medical limitations.
- Need some assistance with personal care, positioning or getting around.
- Have some independent mobility for example independent transfers, using a postural control walker.
- The Childs physical disability/medical needs could co-exist with other secondary learning needs but are still within age related expectations

**Action/support may include but is not exhaustive of the following:**

- On-going opportunities for individual support focused on the child's learning
- Adaptation/modification of the environment. Environmental considerations are made to meet the needs of all children for example seating position, personal space and room layout, displays and resources.
- Advice from external agencies is implemented within the setting.
- Enhanced opportunities to use technological aids
- Use of visual reminders, timers, resources and to develop independence.
- Alternative ways of recording include electronic devices
- Access to specialist delivery of the 'bespoke frameworks'

**The child may present with the following:**

- Have moderate or severe/significant difficulties with fine and gross motor movement.
- be highly reliant on adults for support in moving, positioning, personal care
- have some independent mobility e.g. assistance with transfers
- have a physical disability that creates communication difficulties
- unable to negotiate steps and stairs
- unstable when sitting on standard chairs or on floor
- be able to reposition self when seated with limited help.
- be unable to independently manage transfers and personal care including toileting, eating and drinking , e.g. cutting up food, wiping own nose
- have restricted fine motor skills, for example using tools unable to use scissors or do/undo fastening,
- have communication aids which are mostly self-managing or can be appreciated and understood by other children and practitioners relatively easily
- unable to do tasks that require strength, e.g. screw/unscrew
- have a skill level that fluctuates significantly or deteriorates during the day
- be able to complete simple fine motor tasks with additional time compared to peer age group
- The Child's Physical disability/medical needs could co-exist with other secondary needs which may require a different framework.

**The child may present with the following:**

- Can function at certain times of day without support
- Basic self-help skills developing
- With appropriate interventions the child can progress in setting but may need regular differentiated activities
- Experience fine and gross motor difficulties and whose physical condition varies from day to day.
- experience difficulties with their core stability
- Have mobility that is moderately impaired and experiences difficulties on stairs and with spatial orientation and whose movements are unsteady in crowded areas and on uneven ground.
- Have an unpredictable long-term condition which sometimes affects their ability to access typical activities or may require adaptations/reasonable adjustments to the framework. They may experience fluctuating levels of pain or tiredness, which can affect concentration and may affect their attendance.
- Not meeting age related expectation because of their physical limitations.
- A child whose speech production is affected by breath control or impaired for physical reasons and finds it difficult to make themselves understood or finds it too tiring to repeat themselves.
- Need some assistance with personal care, positioning or getting around.
- Have some independent mobility e.g. independent transfers, good use of mobility aids such as postural control walker.
- The Child's physical disability/medical needs could co-exist with other secondary learning needs but are still within the range for the child's age group.

**Category of Need – Sensory**

<b>COP Stage/ Band</b>	<b>Individual learner characteristics</b>	<b>Possible support and strategies delivered through the Graduated Approach defined as in the SEND Code of Practice (2015) as ‘A model of action and intervention in early education settings, schools and colleges to help children and young people who have special educational needs. The approach recognises that there is a continuum of special educational needs and that, where necessary, increasing specialist expertise should be brought to bear on the difficulties that a child or young person may be experiencing.’</b>
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**The child may present with the following:**

**Has a visual impairments such that:**

- They have a medically agreed time limited programme of eye patching which needs supporting within the school environment
- They have a mild visual loss( that cannot or is not fully corrected by glasses) which requires some small adjustments to ensure access to the curriculum
- They have intermittent but regular instances of eye conditions which require attention during the school day e.g. eye drops
- They have colour blindness or other low-level sight conditions, which do not make significant impact on their learning, but need some alterations within the learning environment.
- They have reduced vision in one eye which can give some difficulties with spatial awareness
- **Hearing impairment - A Child:**
  - Has a reoccurring conductive deafness. This may be associated with middle ear infections, glue ear, temporary perforated eardrums
  - Has a unilateral (one sided) hearing loss
  - Needs temporary use of hearing aids and may benefit from an assistive listening device.

- May require appropriate differentiated teaching strategies including provision of visual clues, seating places, access to lip Patterns and consideration of acoustic environment
- Consequently the Child may:
  - be easily distracted and struggle to concentrate
  - find it difficult to listen and attend to speech
  - be withdrawn and wait for cues from others in the setting
  - find it difficult to listen in background noise
  - not hear clearly in a group situation
  - have unclear speech
  - have a vocabulary deficit or delayed language
  - be experiencing difficulties acquiring phonic sounds
  - needs a risk assessment for extended nursery activities
  - be experiencing difficulties acquiring phonic sounds
- May have delayed processing of information due to hearing loss, may experience listening fatigue
- needs a risk assessment for extended nursery activities and care of equipment
- Generic terms
- Hearing aids means any personal hearing aid device i.e. Hearing aids, Cochlear implants, Bone Anchored Hearing Aids.
- Radio Aids means any assistive listening device remotely connected to the personal hearing aid device to enhance the listening environment for the HI child.

**Action/support may include but is not exhaustive of the following:**

HI Action and support will include:

- requires daily checks of equipment
  - Requires vigilance with equipment due to choking and battery hazards
  - Requires small group/1:1 sessions to ensure listening and understanding of EYFS concepts, repetition of vocabulary (link to communication section)
  - Time required for staff to create visual resources to support understanding
  - Targeted vocabulary repeated at various play areas
  - Appropriate seating for best listening/focus
  - Use of facial expressions appropriate to emotions
  - Repetition of instruction to avoid the child 'copying' others rather than making independent decisions.
  - Early literacy support whenever possible to support language development, especially when spoken sounds cannot be heard. Deaf awareness and ongoing training from the SEND HI service
- Awareness the each deaf child is different, even if they have similar loss

**The child may present with the following:**

- Can progress within a smaller group with good interventions, but needs greater help in larger classes or activities.

**Visual Impairment The Child:**

- Has a level of visual impairment that impacts on his/her ability to access a significant part of the curriculum independently.
- Has a recognised visual condition that requires adaptation of resources and teaching approaches across the curriculum. (large print, access technology)
- Access technology may need to be linked to the school system e.g. white board / on line materials

- Requires mobility skills for the safe movement around the environment due to limited vision.
- Requires support with independent living skills due to their level of visual difficulties
- Reduced vision which may require support with social interaction
- Has a diagnosis of Cortical Visual Impairment that affects both cognitive and visual functioning
- Will require examination modifications
- May be a braille user.

**Hearing Impairment -The Child:**

- Has a permanent moderate to profound hearing impairment that requires adaptation of resources and teaching approaches across the curriculum.
- May have late diagnosis of hearing loss which has affected listening and language development
- Has a permanent hearing loss, functioning at a moderate-to-profound hearing impairment that requires adaptation of resources and teaching approaches across the curriculum.
- Requires daily checks of equipment and monitoring to avoid loss/choke and battery hazard

- **There is involvement or supporting information from by Hearing Impairment or Visual Impairment**

### **Visual Impairment**

- A recognised visual condition which requires adjustments to support independent learning
  - Reduced vision which means they have an on-going difficulty accessing aspects of the nursery environment and EYFS framework and may require enlarged resources
  - Reduced vision that may require appropriate IT to enable full access to materials and / or large print resources.
  - Access technology may need to be linked to the nursery system
  - Reduced vision which may require support with social interaction
  - A diagnosis of a visual condition which limits independence in specific areas
  - Vision difficulties that mean they require adjustment to their environment
- Has recently been cochlear implanted
  - Requires daily checks of equipment and monitoring to avoid loss/choke and battery hazard
  - Requires assistive listening device (for example. radio aid)May require the learning/use of BSL/Makaton
  - May be a BSL first language user
  - May have difficulty with auditory memory
  - Additional Special Education Need or English may be a second language such that additional support is needed.

## Appendix

EIA	Early Intervention Allowance
GDA	General Development Assessment
ASAP	Autism Spectrum Assessment Pathway
APDR	Assess Plan Do and Review
SEND	Special Educational Needs and Disability
EHCP	Education Health and Care Plan
HI	Hearing Impairment
VI	Visual Impairment
COP	Code of Practice
PECS	Picture Exchange Communication System
BSL	British Sign Language
EYFS	Early Years Foundation Stage

