



## Strategies for supporting pupils with Special Educational Needs and Disabilities in Reading lessons.

	<b>Here's how we will help.</b>
<b>Attention Deficit Hyperactivity Disorder</b>	<ul style="list-style-type: none"> <li>• Using a non-confrontational approach and listening to the individual child will help reduce their heightened arousal.</li> <li>• Structured Novel Study lessons allow children to predict what will happen and provide a formal sequence.</li> <li>• The use of audio books alongside the text support children with their concentration.</li> <li>• Ensure the child is positioned carefully so that teacher has easy access for support.</li> </ul>
<b>Anxiety</b>	<ul style="list-style-type: none"> <li>• Where possible, the child is taught by a well know adult who they have already established a trusted relationship with.</li> <li>• Allow the child to be involved when choosing groups of partners within the taught reading session.</li> <li>• Point, Evidence and Explanation is used consistently throughout all year groups so children become familiar with the approach to answering questions.</li> <li>• Ensure children sit in the same seat every day and is pre warned if the seating plan needs to change for any reason.</li> <li>• Avoid direct questioning; instead, questioning is used on a 1:1 basis where the adult has established trust with the child.</li> <li>• Specific children with anxieties around toileting (for example the hand dryer) have the opportunity to use a toilet they are familiar with.</li> <li>• Where possible, children are prepared when there is a change in staff member.</li> </ul>
<b>Autism Spectrum Disorder</b>	<ul style="list-style-type: none"> <li>• Children are encouraged to sit where they feel the most comfortable in the classroom. Where possible, this seating plan is not altered unless the child is happy and involved in the process.</li> <li>• Sensory spaces and resources are readily available for all</li> </ul>

	<p>children.</p> <ul style="list-style-type: none"> <li>• Extra processing time is given and on the spot questioning, is avoided during whole class teaching.</li> <li>• Children are allowed to read on their own if it is too challenging them to read with a partner.</li> <li>• Planned and unplanned sensory breaks are permitted throughout the lesson.</li> <li>• There is always an available adult for a 'change of face' if needed.</li> </ul>
<b>Dyscalculia</b>	<ul style="list-style-type: none"> <li>• Children have access to their own whiteboard in the session, rather than copying from the class board.</li> <li>• Questions are differentiated and the child themselves chooses the level they feel comfortable with.</li> </ul>
<b>Dyslexia</b>	<ul style="list-style-type: none"> <li>• Audio books are used with whole class groups.</li> <li>• There is no pressure put on individual children to read aloud in front of the class.</li> <li>• A ruler can be used to track the words as the child read.</li> <li>• Personalised coloured overlays can be used; these are readily available to.</li> <li>• Larger print books are available, alongside dyslexia friendly fonts and slides on PowerPoints.</li> <li>• There is a huge focus on learning new vocabulary for all.</li> <li>• Questions are read aloud to the child.</li> </ul>
<b>Dyspraxia</b>	<ul style="list-style-type: none"> <li>• Rules and systems are clarified, using unambiguous language.</li> <li>• Opportunity is given to move around between bursts of learning.</li> <li>• We ensure that when working in pairs, the partner reader is sensitive to the needs of the child and knows confidently what they are doing.</li> <li>• The reading lesson is broken down into key component parts and the teacher prompts these.</li> <li>• There is plenty of space between readers to enable the child to concentrate on their own reading.</li> <li>• Noise is kept to a minimum.</li> <li>• The parts of the reading lesson are clearly defined.</li> </ul>
<b>Hearing Impairment</b>	<ul style="list-style-type: none"> <li>• Careful consideration is given to seating, with individual considerations made discreetly and not publicly.</li> <li>• Written materials are provided in addition to teacher talk.</li> <li>• Only one person is encouraged to speak at a time.</li> <li>• There is a space provided for the child at the front of the classroom with an unobstructed line of vision.</li> <li>• The teacher leading the lesson discreetly checks in regularly with the child to check they are hearing and</li> </ul>

	<p>understanding.</p>
<p><b>Toileting Issues</b></p>	<ul style="list-style-type: none"> <li>• Children are allowed to leave the classroom discreetly and without needing to get permission. Toilet passes are used for children to communicate they need to leave.</li> <li>• Positioning in the classroom allows the child to sit near to the door so that they can leave easily.</li> </ul>
<p><b>Cognition and Learning Challenges</b></p>	<ul style="list-style-type: none"> <li>• Time is given to consider questions, process and formulate an answer.</li> <li>• The opportunity is given for reading to be physically demonstrated rather than getting the child to solely rely on verbal instructions.</li> <li>• Specific, targeted praise is given so they know what they are doing well.</li> <li>• Support is given when managing peer relationships effectively, the child is involved in the process of choosing a partner reader.</li> <li>• Instructions are simple and mistakes are considered as learning opportunities.</li> </ul>
<p><b>Speech, Language &amp; Communication Needs</b></p>	<ul style="list-style-type: none"> <li>• Language is purposefully kept simple and consistent throughout the sessions.</li> <li>• Closed questions are used when exploring comprehension, which only require a yes or no answer.</li> <li>• Clear language is used to model and expand what has been said.</li> <li>• Plenty of opportunity is given to communicate ideas in a small group.</li> <li>• Any attempt to communicate is responded to positively.</li> </ul>
<p><b>Tourette Syndrome</b></p>	<ul style="list-style-type: none"> <li>• Emotional reactions are filtered and adults listen and respond with support and understanding.</li> <li>• Children are never asked to stop their tics.</li> <li>• Where vocal tics are prominent children are not asked to read aloud as we are understanding that they may be reluctant to do this.</li> <li>• There is a clear structure to the lesson.</li> <li>• Although children are encouraged to listen, teachers are aware that at times tics inhibit auditory processing . It is never assumed that they are intentionally not listening.</li> </ul>
<p><b>Experienced Trauma</b></p>	<ul style="list-style-type: none"> <li>• Positive self- talk is modelled when reading. Mistakes are seen as a positive part of learning.</li> <li>• A predictable environment with clear expectations for behaviour is provided.</li> <li>• Adults will calm and support if a child becomes overwhelmed.</li> <li>• Breakout spaces are available to all children.</li> </ul>

## Visual Impairment

- Careful consideration is given to seating, with individual considerations made discreetly and not publicly.
- Large font materials are provided in addition to teacher talk.
- There is a space provided for the child at the front of the classroom.
- The teacher leading the lesson discreetly checks in regularly with the child to check their understanding.