



**ST JOHN RIGBY COLLEGE**

**LEARNING SUPPORT HANDBOOK**

**August 2016**

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## **MISSION STATEMENT**

St John Rigby College is a Catholic College dedicated to the education and development of the whole person and supporting all students to realise their full potential. In becoming an outstanding learning organisation SJR will have a strong sense of purpose and a commitment to shared values within a Christian community. We will provide a unique and challenging environment where every individual is valued, talents are recognised and nurtured, achievements are celebrated and dedication is rewarded. To achieve this as a community we will:

- Welcome all students who are happy to be educated within a Christian environment
- Value the uniqueness and dignity of each individual
- Provide the highest standards of teaching and learning
- All show a commitment to our work and the Christian values of the College
- Provide equality of opportunity, with mutual respect and positive encouragement
- Build and further develop local, national and international partnerships

Core values in daily life at St John Rigby College are expressed as:

- Genuine concern for others
- Support for and challenge of one another
- High standards and expectations
- Consistency and perseverance
- Recognition of talents, progress and achievements

## **POLICY STATEMENT**

Learning Support is the organisational framework that enables the College to respond to individual learning needs. Its aims are: -

- To provide support, information, advice and guidance to ensure that students with additional needs are enrolled onto appropriate courses
- To ensure that learning is accessible
- To support learners with additional needs so that their progression opportunities are maximised
- To secure effective support networks
- To provide support within an environment of self-advocacy and collaboration
- To promote effective liaison between the College and other agencies.

## TYPES OF LEARNING SUPPORT

The following list should clarify what types of support can be delivered.

Pre-Entry	<ul style="list-style-type: none"> <li>Access visits</li> <li>Extended/additional interviews</li> <li>Transition meetings-schools</li> <li>Review meetings – schools</li> <li>Taster sessions</li> <li>Liaison with other agencies</li> </ul>
1-1 Support	<ul style="list-style-type: none"> <li>Induction support</li> <li>SpLD support</li> <li>Spelling programmes</li> <li>Reading Programmes</li> <li>Personal care</li> <li>Literacy</li> <li>Numeracy</li> <li>IT Study Skills</li> <li>Portfolio building</li> <li>Organisation/Planning</li> <li>Accessing information</li> <li>Examination techniques</li> <li>Question/Task interpretation</li> <li>Presentation skills</li> <li>Handwriting</li> <li>Examination preparation (concessions)</li> <li>Revision planning</li> <li>Revision techniques</li> <li>Proof reading</li> <li>Careers interview support</li> <li>Workshops – Literacy/Numeracy</li> </ul>
In-class support	<ul style="list-style-type: none"> <li>Full support for specific needs such as Asperger’s, anxiety disorders</li> <li>Supporting more than one in a group</li> <li>Small group withdrawal</li> <li>Functional Skills</li> <li>In class support at all levels</li> </ul>
Examination Support	<ul style="list-style-type: none"> <li>Preparation for examination support</li> <li>Scribe</li> <li>Extra time</li> <li>Adapted papers</li> <li>Reader</li> <li>Communicator</li> <li>Prompter</li> <li>Isolation</li> <li>Rest Breaks</li> <li>Word Processor</li> <li>Transcript</li> </ul>
Educational Visits and Work Experience	<ul style="list-style-type: none"> <li>Support replicated on Educational Visits and Work Experience as appropriate</li> </ul>

Equipment allocation	Computers SpLD Sensory Impaired -Specialist support software Visually Impaired - Specialist support software Voice Activated Recorders – SpLD Specialist pens Individual training for equipment use and software use
Liaison time	Other agencies Head of Departments Tutors Parents Learning Support Manager
Reviews	1-1 sessions Progression reviews
Exit Guidance	CV's Disabled Student Allowance Careers interview support Support for applications for apprenticeships and employment UCAS application support

When support is requested it should be through the Learning Support Manager or Learning Support Officer. The Learning Support Manager will then assess and allocate support.

### **LEARNER SERVICES / OLC**

Learner Services is a cross-college support facility. 1-1 sessions take place within the OLC and LRC areas, as do workshops. There is also a drop-in centre in the OLC where students can work and access support on a less formal basis.

There are several networked PC's in the Learning Services central support bases/areas and a range of support software can be installed on them.

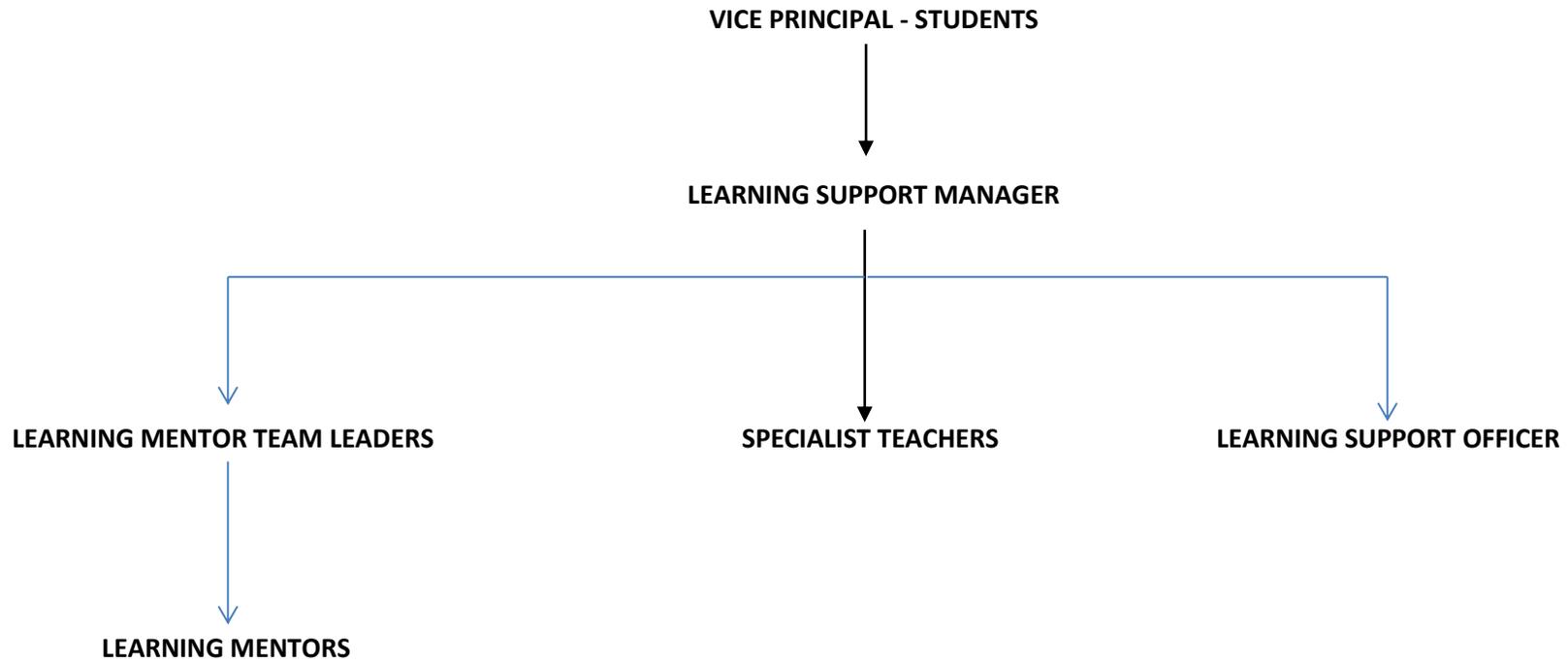
Basic and Key Skill Builder (BKSB) support resources are also available in the Learning Services support bases as are other support materials. The College has a Skills Strategy incorporating literacy and BKSB resources are important in order to help meet the literacy priorities of the College.

The Learning Services support accommodation also provides space where assessments and confidential meetings take place. Confidential materials are stored here<sup>1</sup> and the area can also be used for examination access arrangements.

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<sup>1</sup> Storage and Access: Confidential information is held in a lockable, non-portable storage container with access strictly controlled and limited to the Principal, Vice Principal - Students, Learning Support Manager and the Learning Support Officer. The Principal holds the second key for use in the absence of the Learning Support Manager.

**LEARNING SUPPORT ORGANISATION**



## **ROLES WITHIN LEARNING SUPPORT**

### **Vice Principal - Students (Anne White)**

Specialist teacher qualified to diagnose, support and arrange examination concessions for dyslexic (SpLD) students. (CERT ADS, Joint Council for General Qualifications Accredited)

### **Learning Support Manager (Peter Dewhurst)**

Responsible for managing the support across College and managing the additional support budget, co-ordinating support staffing, subsequent audit evidence and additional support costs claim.

Specialist teacher qualified to diagnose, support and arrange examination concessions for dyslexic (SpLD) students. (CERT ADS, MA Dyslexia, Joint Council for General Qualifications Accredited)

### **Specialist teachers (Sandra McKeown)**

Specialist teachers are qualified to diagnose, support and arrange examination concessions for dyslexic (SpLD) students. (MA dyslexia, Joint Council for General Qualifications Accredited)

### **Learning Support Officer**

- To provide administrative support
- To support students and staff with Assistive Software
- To support students
- To provide IT support

### **Learning Mentor Team Leaders/Learning Mentors**

Three Learning Mentor Team Leaders line manage a team of Learning Mentors and assist the Learning Support Manager in planning student support, being an integral part of the Learning Support quality assurance cycle and the PDR process.

The role of a Learning Mentor is to support students according to the Study Support Plan and to complete the necessary documentation as directed. Where there is any breakdown in the effectiveness of the support, the Learning Support Manager must be informed immediately. Learning Support Mentors are responsible for reviewing learners and feeding back to their Team Leader and Learning Support Manager as directed. Learning Support Mentors must liaise with all the learner's subject tutors as directed.

Learning Support Mentors must make every effort to attend Learning Support meetings in order to remain fully informed, to feedback to the team and to assist in planning.

### **Effective working with a classroom Learning Mentor**

The Learning Mentor's role is to work in collaboration with other staff in order to enable a learner or learners to participate fully in their education.

In order to maximise the benefit of this collaboration, the teacher and the Learning Mentor need to have clear ideas about their roles, ways of working, and the potential pitfalls. However, it is important to remember that the teacher takes the ultimate responsibility for the learning process, and a Learning Mentor should never be left in charge of a class.

How should the teacher plan for work with the Learning Mentors in the light of the Study Support Plan?

### **The teacher needs to define the following:**

- Their expectations of the Learning Mentors
- How they will deploy the skills of the Learning Mentors
- How they will support the Learning Mentors
- The skills and strengths the Learning Mentors brings to the situation
- The teacher should write the Learning Mentors role into their classroom planning and if appropriate their schemes of work.

### **What tasks/activities can Learning Mentors perform?**

**Some or all of the following may be appropriate; depending on the needs of the student and the learning situation (the list is not exhaustive).**

- Acting as a prompt by joining in and asking questions that students may not wish to ask, for example: could you go over that point again?
- Making notes so that students with poor memory can refer to them
- Summarising the lesson
- Enlarging hand-outs
- Sitting near restless students
- Copying from the board so that those who cannot do this can have a copy
- Acting as scribe
- Working with groups to plan essays
- Becoming part of a group
- Helping students identify key points
- Encouraging students to sit in suitable places
- Clarifying the meaning of notes
- Reading notes aloud to a group and helping them to underline or number points
- Providing an 'ideal framework' for students to refer to
- Helping students get started and provide useful 'linkers' for paragraphs
- Give examples of different types of note taking
- Supervise related activities (such as group discussions/trips to the library) to break up long periods devoted to one task.
- Watching practice presentations on a one to one or small group basis
- Developing skills in active reading
- Practise handwriting
- Alerting teachers to changes in medication or when students are having particular difficulties.

It is the teacher and the Learning Mentor's responsibility to agree together the most effective use of the Learning Mentor's time, and which of the above strategies/activities (or others) should be employed. A professional, supportive and co-operative relationship between the teacher and the Learning Mentors will ensure that the collaboration is effective.

### **What does the Learning Mentor need to know or understand?**

**The following points are important for Learning Mentors to be aware of**

- The teacher is in charge of the teaching process
- Expectations about how they will work together with the teacher
- How to enable a learner rather than do the work for them
- Classroom ground-rules and routines
- The resources available and their location
- The learners' strengths as well as their weaknesses

- The care implications of medical conditions
- The learning support offered (if any)
- College policies regarding behaviour, bullying, and confidentiality
- That although Learning Mentors are in lessons because of identified students; they may not always be working directly with them.

### The Annual Quality Assurance Cycle

Action	Purpose	Who	When
Observation of Learning Mentors.	To allow LMs to reflect on their performance and consider possible professional development opportunities while receiving standardised and validated feedback on their own work.	Team leaders/LSM /DOS	October- May 2016-17
First review of SEND learners	To investigate and review the first term of in class support for SEND learners' and update support as required.	LM	November 2016
Reviews of non SEND learners commences	To investigate and review the 1-1 support for learners' identified by the colleges screening procedures.		October 16 – July 17
Completion of ALS SAR	Review of ALS provision for 2015/2016.	DOS/LSM / Team Leaders	November 2016
Second review of SEND learners to include EHC review and planning with LA	To review the effectiveness of EHC plan and plan the following years provision in consultation with the DOS.	LSM/learner/parents/ LM/LA	January-March 2017
Annual internal audit	To review the effectiveness of the college ALS provision.	DOS	February 2017
New SEND applicant parents forum	Opportunity for parents of new applicant SEND learners to discuss college support systems with ALS staff and parents of existing SEND learners.	LSM/ALS staff	March 2017
Third review of SEND learners	To review the effectiveness of learning support and plan following years progression and or destination.	LM	May 2017
Review of learning Support handbook.	Up date Learning Support Handbook.	DOS/LSM	May 2017
ALS student evaluations	To review the effectiveness of the college ALS provision.	LM/LSM	June 2017
LA High cost learner audit	To ensure all LA funding learners are appropriately funded	LSM	June/ July 2017
Mentor training	Using the Learning Mentor Toolkit, train Learning Mentors who have not had the training	Learning Support Manager Learning Mentor Team Leaders	June / July 2017

**For SEND applicants, the following pre-admission procedures will be followed:**

### **October-November**

Potential new SEND learners attend College Open Evenings. The Learning Support Manager (LSM) and or Specialist Teacher interviews each learner to assess needs and to arrange further appointments regarding transition to College.

The Learning Support Manager contacts schools, the Local Authority (LA) and outside agencies to collect evidence from all sources to ascertain appropriateness and level of support required in College.

An appropriate support plan is proposed and discussed with learners, parents and LA. Students with high needs and who require additional funding are identified and a request for an Education Health and Care (EHC) plan may be requested from the LA.

### **November-February**

The Learning Support Manager attends transition reviews at schools and contributes to the construction of the learner's Education Health and Care (EHC) Plan.

The LA completes learners' EHC plans and forward these to College. The LSM collates the information within the EHC plan and completes the learner's V10 and submits this to the LA for consideration.

### **January-March**

The LSM meets with LA regarding content and funding values in V10. Funding and support needs are agreed, V10 forms completed and the LA sends the contract to the College Principal.

### **March-July**

Potential new learners and parents attend College transition meetings with LSM to discuss LA funding and how support will be allocated in relation to learners' needs.

### **April – May**

The LA reviews funding agreements and conducts an audit of the funded work with high needs learners.

## **SEND students progressing to a further year of study.**

### **January-March**

Personal tutors complete progression information, advice and guidance in tutor groups and learners with SEND are scrutinised regarding progression decisions. These decisions are shared with the LSM.

The LSM notifies the LA and arranges annual reviews of EHC plans and invites parents, LA and other relevant outside agencies to EHC annual review meetings.

A Review meeting takes place. Learning support needs in College for the following year are assessed and the EHC plan for the following year is agreed and updated.

### **April - May**

The LSM completes the annual review documentation, updates V10s and forwards these to LA.

### **June**

Funding decisions for continuation of placement confirmed.

Learners, parents and the LSM attend College transition meetings to discuss LA funding and how support will be allocated.

## **LEARNING DIFFICULTY AND/OR DISABILITY, MEDICAL/HEALTH DISCLOSURE PROCEDURE**

- There are opportunities for disclosure pre-enrolment, at enrolment and on-programme.
- Disclosure may be made to any member of the College staff.
- Once a disclosure has been made then the College as a whole is deemed to know.
- Any medical / health disclosure must be recorded on the Learning Difficulties, Disabilities and Medical Condition Disclosure Form (LDDM) and, with the exception of minor ailments, a referral must be made to the Vice Principal - Students or her designated Senior Tutor deputy.
- Referral for Personal Emergency Evacuation Plan (PEEP) assessment should be made to the Central Services Manager.
- The collation and dissemination of MIDF information is the responsibility of the MIS and Funding Manager.
- The Vice Principal - Students ensures all serious Medical/Health Disclosures are screened and will initiate the Medical Support Plan where necessary.
- The Medical Support Plan will be completed by the Vice Principal - Students in consultation and with the student and parents (medical professionals will be consulted when necessary).
- The Learning Support Officer collates and circulates the Medical Support Plans as appropriate
- Learning difficulties and disabilities must be referred to the Learning Support Manager who will screen and assess using the Learning Support Documentation as appropriate. Referral for Personal Emergency Evacuation Plan (PEEP) assessment should be made to the Central Services Manager.
- All Health/Medical disclosures including temporary injuries and conditions should be confirmed on the LDDM or on the relevant Parental Consent/ Health Declaration Form when there is an Educational Visit. The Vice Principal - Students ensures all serious Medical/Health Disclosures are screened and will initiate the Medical Support Plan where necessary. Any student who needs a PEEP assessment should be referred to the Central Services Manager.
- When there is an Educational Visit, the Educational Visit leader should retain a copy of the Parental Consent Form and Health Declaration Form for the duration of the trip and a copy of any new disclosure should be given to the Vice Principal - Students.
- New disclosures sometimes occur as a result of First Aid and the Central Services Manager will ensure that the LDDM is completed and passed on to the Vice Principal - Students.
- Where there are College events involving 14 – 16 year old high school students who are not directly supervised by their own school teachers, then those students involved should complete Medical Information disclosure documentation and the College will ensure that appropriate support or arrangements are in place. These disclosures must be returned to the MIS and Funding Manager to be incorporated into REMS.
- The Medical Support Plan will be copied to the Learning Support Manager for assessment for access arrangements for examinations.
- The Medical Support Plan will be copied to the Central Services Manager if a PEEP assessment is required.
- All year 13 students will complete a LDDM at re-enrolment in August and the above procedures followed.
- All Medical Support Plans will be stored on the G Drive/ Medical Support Plans by the Learning Support Officer
- PEEPs will be carried out by the Vice Principal - Students, Learning Support Manager or Central Services Manager, with the assistance of a Learning Mentor where relevant.

## **ASSESSMENT, SUPPORT, REVIEW AND ACCESS ARRANGEMENT PROCEDURES**

### **Pre-enrolment**

1. Assessments are made at the following stages:
  - a) Enquiries and information given at Open Evenings
  - b) Enquiries and information given from learners, parents, relevant staff in partner high schools, careers advisors, external agencies.
  - c) Application form
  - d) Initial course consultation.
  - e) Enrolment
  - f) Enrolment packs, which include the Medical Information Disclosure Form.

Where a learning difficulty, disability, medical/health disclosure is made, an immediate referral should be made according to the Learning Difficulty, Disability, Medical/Health Disclosure Procedure above.

The Pre-Enrolment Additional Interview Form is used to gather and record assessment information. The Medical Information Disclosure Form (LDDM) is also completed when there is a medical disclosure. The Admissions Officer ensures that relevant learners who have made disclosures are interviewed by the Learning Support Manager or Vice Principal - Students. Pre enrolment assessment information, support and access information is coordinated by the Learning Support Manager.

The Learning Support Manager then coordinates:

- Further pre-enrolment assessments
- Access to College (e.g. mobility) arrangements
- ALS costs (high cost predicted)
- Submission of High Cost ALS documentation to Local Authorities
- Resource needs reports to SLT
- Support for students as required during liaison and marketing events e.g. Taster Day, New Student Day
- Induction support needs
- A prioritised list for initial interviews including students who have progressed to Year 13 or into Year 12 again from a one year course.
- A prioritised list for diagnostic assessment
- A prioritised list for referral to external agencies
- The release of study support plans to teachers where this is essential pre-induction
- Staff training needs regarding individual learners
- Referral for PEEPs

### **Enrolment**

- The Admissions Officer ensures that relevant learners are enrolled by the Learning Support Manager, Vice Principal - Students or other Specialist Teachers where students have made previous disclosures prior to enrolment
- All enrollees complete the Enrolment Form & Learning Agreement with their enrolling tutor. This includes information about disability, learning difficulty, medical information.
- Where a medical condition, learning difficulty, disability is disclosed, an immediate referral is made to the Learning Support Manager or Vice Principal - Students.

The Learning Support Manager then coordinates:

- Further pre - induction assessments and reassessments

- Access to College (e.g. mobility) arrangements
- ALS costs (high cost predicted)
- Submission of High Cost ALS documentation to LAs
- Resource needs reports to SLT
- Induction support needs
- A prioritised list for initial interviews including students who have progressed to Year 13 or into Year 12 again from a one year course.
- A prioritised list for diagnostic assessment
- A prioritised list for referral to external agencies
- The release of study support plans to teachers where this is essential pre-induction
- Staff training needs regarding individual learners
- Referral for PEEPs

### **Induction**

During Induction, all Year 12 students complete the BKS Initial assessments. All students complete the Sheffield dictation exercise and the Detailed Assessment of Speed of handwriting 17+ (Dash17+) at the appropriate level and a Learning Styles questionnaire.

The Learning Support Manager analyses the assessment results and prioritises additional assessment interviews and diagnostic assessment in line with:

- Pre-enrolment information/assessments and reassessments
- Students' ALS needs
- The needs of progressing students (Year 13 and students progressing into Year 12 again from a one year course).
- Students who require assessment for Examination Access arrangements
- The examination based deadlines for Access arrangements

The Learning Support Manager is responsible for producing the following information:

- The annual report of Literacy and spelling difficulties/needs
- Individual Study Support Plans, which inform teachers of their students' ALS , needs, their programme of support and teaching implications.
- The induction assessment results in a format, which is relevant to teachers in support of their students.

### **On Programme**

Learners may be referred during their programme via:

- Subject tutors (adhering to College internal deadlines).
- Personal tutors
- Members of CMT
- Self and family referral

Such referrals should be made using the Learning Support referral form on SIS. The Learning Support Manager coordinates the required response to these referrals including:

- ALS provision and circulation of the individual Study Support Plan which also details the individual / differentiated review of support schedule
- Reports and communications with parents
- Reports to the Examinations Officer as soon as it is practicably possible bearing in mind the examination board deadlines for Access arrangements.

- Assists the Examinations Officer in allocating Learning Mentors to learners requiring examination access arrangements on a 'best fit' basis.

There is an internal deadline for referrals after which access arrangements for the next examination series cannot be guaranteed.

Normally additional support is allocated initially, for an agreed period of 6 weeks. This will then be reviewed and support will either be agreed for an additional 6 weeks, then reviewed again or withdrawn, allowing other learners to receive support. Some learners may, due to the nature of their support needs, require reviews as frequently as weekly and this will be detailed on their Study Support Plan. Learning Mentor Team Leaders assist in the timetabling and re-timetabling of their mentors and invoking the required quality checks on an on-going basis.

### **SEND Learner Review Cycle.**

#### **1<sup>st</sup> Review November.**

Progress review:

All high need learners will have their progress reviewed by their Learning Mentor (LM) during **November** following completion of a first half term.

Completed review paper work will be forwarded to LSM (electronically) for comments and completion, and then attached onto the learner's Pen Portrait/Study Support Plan to produce a chronological record of support reviews and any adjustments made. Hard copies will also be stored on the learner's individual file.

#### **2<sup>nd</sup> Review January-March**

EHC review:

The LSM will conduct EHC review jointly with the LA. The LSM will arrange annual reviews of EHC plans and invite parents, LA and other relevant outside agencies to EHC annual review meetings.

Review meetings take place and learning support in College in relation to the EHC for the following year is agreed and the Study Support plan updated.

Completed review paper work will be forwarded to the LA and loaded onto the learners Pen Portrait/Study Support Plan. Hard copies will also be stored on the learner individual file.

#### **3<sup>rd</sup> Review April-June**

Destination / progression review:

Final progression and intended destination and progression to be reviewed by LM and forwarded to LSM (electronically).

Completed review paper work forwarded to the LA and loaded onto the learner's Pen Portrait/Study Support Plan. Hard copies will also be stored on the learner's individual file.

### **Specialist Diagnostic Assessment**

Only Specialist Teachers may make referral for Specialist Diagnostic Assessment which may be undertaken by:

- The Learning Support Manager
- The Vice Principal - Students

- Anne-Marie Work
- Sandra McKeown

One of the Specialist Teachers must attend annual staff development via Communicate-ED/Patoss conferences and disseminate the information to the other Specialist Teachers.

Diagnostic Assessments for purposes of Examination Access Arrangements will only be accepted from:

- The Specialist Teachers at St John Rigby College
- The Sensory Impairment Service, Wigan
- An Approved Educational Psychologist
- An Approved Optician

It is St John Rigby College policy to re-assess learners who have previously been allocated Access Arrangements for examinations at school.

The Diagnostic tests used by Specialist Teachers at St John Rigby College must be tests approved by Communicate-ED. St John Rigby Specialist Teachers may also use additional tests in line with their qualifications.

The diagnostic tests currently used are:

- WRAT 4 Single Word Reading
- WRAT 4 Single Word Spelling
- Roehampton Reading accuracy (passages)
- Roehampton Reading Speed
- Roehampton Reading Comprehension
- Detailed Assessment of Speed of handwriting 17+ (Dash17+)
- The Comprehensive Test of Phonological Processing 2nd edition (CTOPP2).  
Phonological awareness
- Scotopic Sensitivity Diagnostic Assessment
- Sensory Impairment Specialist Diagnostic Assessment

Additional tests (dyslexia) include:

- Reading miscue analysis
- Writing analysis
- Spelling error analysis

and their subsidiary tests e.g.

- Irregular word lists
- Regular word lists
- Snowling tests

These tests are in line with the qualifications of the Specialist Teachers: 'Certificate in Adult Dyslexia Diagnosis and Support', London Literacy and Language Unit, South Bank University London. MA Dyslexia, LJMU.

Specialist Diagnostic Assessments:

- Meet the need of the individual learners
- Make relevant recommendations, to the Examinations Officer
- Meet Examination Board deadlines where the learner needs are known in advance of the relevant JCQ date
- Give relevant and timely feedback to the learner and their parents/guardians which include the importance of accepting the recommendations

- Give relevant and timely feedback to learners and their parents/guardians who are found not to be eligible for Examination Assessment Arrangements
- Give relevant and timely feedback to all relevant teaching and support staff via updates on the Study Support Plan
- Will be put in place for January Mock examinations

### **Examination Access Arrangements**

Access arrangements are agreed before an examination. They allow candidates/learners with special educational needs, disabilities or temporary injuries or illnesses to access the examination. Resulting examination concession arrangements will be rehearsed during the Spring term prior to the Summer examinations.

Access arrangements include:

- **Extra time up to a maximum of 25%** - Candidates may be granted additional time if they have a short-term or long-term condition or disability which would prevent them from completing the examination in the specified time.
- **Extra time over 25% and up to a maximum of 100%**
- **Supervised rest breaks** - If candidates experience excessive fatigue, stress or pain because of a medical condition or disability they may be granted supervised rest breaks. Rest breaks may also be granted to prevent candidates from becoming excessively tired because of additional time. The timing of the examination will be stopped and re-started when the candidate is ready to continue. If the candidate needs to leave the examination room, an invigilator must accompany the candidate. The timing of these breaks depends on the nature of the candidate's condition.
- **Scribes** – A scribe may be permitted if a candidate is unable to write because of a temporary or permanent disability or injury. A scribe is a responsible adult who, in controlled assessment, coursework and/or in an examination but not in orals, writes down or word processes a candidate's dictated answers to the questions. A scribe will not be allowed in papers or sections of papers testing writing,
- **Readers** – A reader may be permitted where a disability or impairment affects a candidate's reading skills. A reader is a responsible adult who reads the questions to the candidate and may also read back the candidate's script. This may involve reading the whole paper to the candidate or the candidate may request only some words to be read.
- **Word Processors** - Centres are allowed to provide a word processor to a candidate where it is their normal way of working within the centre. This also includes electronic braille.
- **Transcripts** - A transcript which is a complete rewrite of a candidate's script in all cases, may be permitted where a candidate's handwriting is illegible (and the use of a word processor is not the normal way of working) or spelling is so difficult to decipher that it would be beneficial for an examiner to be able to refer to a transcript of the candidate's work for clarification. A transcript is a copy of the candidate's script, which is made after the examination has taken place, and without the participation of the candidate.
- **Prompters** - A prompter may be permitted where a candidate has little or no sense of time, or loses concentration easily, or is affected by an obsessive-compulsive disorder, which leads them to keep revising a question rather than moving onto other questions. In such instances, a candidate may be assisted by a prompter who can keep the candidate focussed on the need to answer a question and then move on to answering the next question.

- **Practical Assistants** - A practical assistant may be permitted in certain subjects when a candidate cannot perform practical tasks independently due to significant difficulties relating to manual dexterity or physical co-ordination. A practical assistant is a responsible adult who carries out practical tasks at the instruction of the candidate. In an examination, this might be holding a ruler or turning the pages of the script. In practical assessments, the practical assistant might set up, hold or hand to the candidate the appropriate equipment.
- **Bilingual Translation Dictionaries** - Use of a bilingual paper dictionary in examinations is permitted (except if specifically excluded in the exam question paper rubric) when a candidate has a genuine need.
- **Separate Invigilation Within the Centre** – Where there is a genuine need, a candidate will be permitted to sit the examination in a separate room.
- **Modified Papers** – If a candidate is registered blind or has a visual impairment, question papers may be produced in an alternative format such as Braille, or may be coloured or enlarged.

### Training

At least one of the Specialist Teachers attends Communicate-Ed/Patoss conferences and disseminates the updated information to other members of staff.

### Deadlines for submitting applications for access arrangements and modified papers online for GCSE and GCE qualifications

Access arrangements may cover the entire course and for GCSE and GCE qualifications must be processed using Access arrangements online as early as possible. Arrangements must be processed and approved before an examination or assessment.

<b>Month of external examination</b>	<b>Access arrangement</b>	<b>Deadline for Referral</b>
<b>November 2016</b>	<b>Modified papers</b>	<b>10 September 2016</b>
<b>November 2016</b>	<b>All other access arrangements (apart from modified papers)</b>	<b>20 September 2016</b>
<b>June 2017</b>	<b>Modified papers</b>	<b>9 December 2016</b>
<b>June 2017 (GCSE/GCE examinations)</b>	<b>All other access arrangements (apart from modified papers)</b>	<b>9 December 2016</b>

If a referral to an awarding body becomes necessary, there may not be sufficient time to process the application, if it is made after the respective deadline.

N.B Please note that candidates may not be able to have the modified papers requested, if applications are not received by the deadlines.

## **THE STUDY SUPPORT PLAN**

The Study Support Plan gives detailed individual support needs. It informs the student's teachers of the support which has been developed outside of the classroom and the support requirements inside the classroom. Further details include equipment issued, software/resources recommended, time allocations, examination access arrangements, teaching implications and recommended best practice for teachers.

Teaching implications are for the learning mentor and subject tutor.

E.g. this student does not feel comfortable giving individual presentations

E.g. this student requires printed lesson notes

E.g. this student must sit at the front of class/middle of the class

E.g. this student requires a list of technical language

E.g. this student must be provided with a copy of any individual dictated notes

The Study Support Plan also includes reference to whether the learner has been referred for a PEEP.

## **EXAMINATION CONCESSIONS**

Students who have had a formal diagnostic assessment may have been allocated examination concessions such as:

-

1. Extra time
2. Amanuensis
3. Lap top computer
4. Reader
5. Isolation
6. Transcription
7. Prompter

Students who become entitled to examination concessions will have their Study Support Plan updated and this will be redistributed to relevant teachers.

## **SPECIFIC LEARNING DIFFICULTIES**

### **Dyslexia**

#### **What is it?**

Dyslexia means 'difficulty with words'. It affects the ability to read, spell and write. It can also affect the processing of information, motor skills, sequencing, short-term memory, left/right orientation and awareness of time. The severity of the condition varies, ranging from difficulty with spelling to an inability to write or spell and great difficulty with reading.

Dyslexia is a neurological condition that can run in families. It is more common in males than females. The symptoms change with age and experience but dyslexia does not go away. Each person has a different pattern of difficulties. Typically, the poor literary skills of dyslexic students mask their intelligence and ability.

About 10% of the population are estimated to have some degree of dyslexia. About 4% experience severe dyslexia. It is found at every level of learning ability. The Disability Discrimination Act acknowledges dyslexia as an example of a specific learning difficulty.

#### **Implications for learning**

##### **Approach to learning**

Students with dyslexia are often holistic, 'whole picture' thinkers who take a qualitative rather than quantitative approach to learning. They need to know how their new learning will fit in with what they already know. They often have excellent visual-spatial skills, and like to attach information to images.

##### **Learning styles**

Students with dyslexia may spell the same word differently each time they use it, often taking a phonetic approach (e.g. spelling ache as ake). Word retrieval can be a problem, and similar words may be confused (e.g. vertical and vertices)

##### **Understanding instructions**

Complex instructions can be confusing and words may not be retained accurately. Students with dyslexia may have difficulty with integrating new information into existing information.

##### **Reading**

Reading can be slowed down because of the need to read material more than once. Students may lose their place when reading, miss a line out, miss out words altogether or misread words. Sequencing can also be difficult. This affects the ability to remember mathematical tables, alphabetical order, months of the year, days of the week, and left and right.

##### **Writing and other motor skills**

Students may have poor-quality or difficult to read handwriting, co-ordination problems and inconsistent handedness. Copying information from book or board is especially difficult, particularly if the words are in cursive (joined up) handwriting or small print. They also have difficulty with returning to the correct place.

##### **Concentration**

Dyslexia can lead to short concentration spans. Students may tire easily in a lesson that involves a lot of reading or writing.

##### **Personal organisation**

Organisational skills may be poor.

#### **Implications for teaching**

##### **Use differentiated resources and a variety of learning styles**

Build in the chance for discussion, a hands-on approach and group work as well as teacher-led and independent learning. Use a variety of visual, auditory and kinaesthetic resources and activities; for example, making tapes, discussion, practicals, making notes or highlighting in a visual and colourful form, studying photographs/images/video, and drama.

### **Equipment**

Students benefit from having the following essential 'kit': a highlighter to highlight key points; post-it notes to mark pages; a small hole-puncher for handouts. Students should also be encouraged to date everything for easier retrieval.

### **Instructions**

Instructions should be sequenced clearly. Do not give too many instructions at once. Avoid instructions while students are reading or copying. Break large tasks into smaller chunks and take in work in stages to help keep students on task. Give deadline reminders. Put new vocabulary on a wall chart. Direct students to key points and encourage them to highlight.

### **Marking**

Use clear writing when marking. Avoid correcting spelling: target a few key words to be learned. Give these on a post-it note that can be attached to any relevant file or book for easy viewing.

### **Hand Outs/resources**

Written resources should use a sans serif font such as Arial or Comic Sans with a minimum font size 12. They should contain a summary at the start and end. Introduce new vocabulary right at the beginning. Provide information visually or in diagrammatical form where possible. Number any paragraphs. If you are using PowerPoint make it clear which point you are talking to. When writing on white boards use lowercase print (not UPPER CASE). Use different colour pens on the board to make it easier for students to locate things. Provide writing frameworks as examples of the type and style of writing required for your subject. Ask students if they would prefer material on pastel-coloured rather than white paper.

### **Summarise and check**

Summarise the previous lesson at the beginning of the next. Remind students of key points at the end of each lesson. Check that learning is taking place.

### **Be positive**

Ask the students what makes learning a positive experience for them. Remember that self-esteem may be low and in need of boosting.

### **Examinations**

Students with dyslexia may be granted special examination provisions. These will be agreed by the examination boards depending on the circumstances. The special provisions may include extra time in exams, a reader, amanuensis (scribe), use of a word processor, or specially adapted papers. Such special provisions should also be taken into account for internal tests and examinations.

## Dyspraxia and Dysgraphia

### **What are they?**

Dyspraxia comes from two Greek words: 'dys' meaning 'poor', 'praxis', meaning movement. It is an impairment or immaturity of the organisation of movement and motor coordination.

Dysgraphia comes from the Greek words for 'poor' and 'writing'. It is the term applied to those whose difficulties are confined to the fine motor skills required for handwriting.

Those with dyspraxia are often described as clumsy. They may have little sense of direction. Dyspraxia can affect balance control. Poor visual-spatial skills can affect fine motor tasks, such as the way that letters are formed and writing is presented.

### **The broader implications for learning**

#### **Gross motor skills**

Students often have difficulty with balance and other gross motor skills such as throwing and catching. Students may drop objects when asked to hold them.

#### **Fine motor skills**

These may be seriously impaired, affecting drawing, writing and related tasks. Students with dyspraxia will have difficulty using scissors, or pressing the keys on a small calculator.

#### **Handwriting**

Handwriting quality deteriorates rapidly during long handwritten tasks. Pen grip may be fierce and as a result the wrist soon aches. A student may not judge that a word will fit into the end of a line and will cram it in. He or she may not keep writing on the line, and letters may be poorly and unevenly formed. Students may have problems labelling small diagrams, writing in framed boxes, or writing numbers clearly. Shading in areas of a diagram can be difficult.

Implications of dyspraxia are that it affects self-organisation, time management and attention span. Dyspraxia can affect verbal skills as students search for the right word or sequence of words.

Dyspraxia/Dysgraphia affect approximately two in every 100 people with males identified four times more than girls. It may accompany dyslexia or another disability, although those with Dyspraxia/Dysgraphia may also be very capable at reading and writing. The Disability Discrimination Act acknowledges dyspraxia as an example of a specific learning difficulty.

Problems with motor memory may cause the substitution of letters that have similar motor movements (for example: r/b/h or d/g/a, making legible notes is difficult and sometimes impossible).

#### **Painting**

Using a fine brush requires concentrated effort. The student may also knock over the paint pot.

#### **Holding**

Holding small pieces of equipment steadily without dropping them can be difficult. For example, students may find it difficult to hold a camera steady and press the button.

#### **Reading**

Poor fine motor skills can affect the turning of pages in a book. Learners may crumple page edges or turn over two or three pages at a time.

#### **Personal organisation**

Poor organisational skills are common.

Students may struggle to remember their timetable. There may be a tendency to borrow books and materials from the library and peers and mislay or forget to return them.

### **Implications for teaching**

#### **Use differentiated resources**

Students may need any diagrams that require labelling to be enlarged. Extra time may be needed for drawing. Handwritten notes will probably be difficult to read, so students should be encouraged to use a word processor where possible. Access may be required to a fellow student's notes to supplement their own. They will benefit from additional hand outs to supplement writing tasks. A list of key vocabulary will be helpful to support spelling. Ideally, students should have their own copy of texts, they should not be asked to share in class.

#### **Reading**

To make it easier for students to find their way around texts, the use of post-it notes for marking each chapter or section should be encouraged, so that pages can be found more easily.

#### **Health and safety**

Potential problems with using equipment or holding and pouring make it essential that health and safety requirements are met. On field trips students may get lost, and are more at risk of accidents if hurried. Ensure that suitable supervision is provided or that students remain within your view. In some cases a 'minder' may be necessary.

#### **Instructions**

Avoid putting students in situations, which may lead to difficulties (such as being asked to hand out a pile of books). Set clear targets for activities. The student will benefit from being given a starting sentence in order to ensure the first step in producing work is a positive one.

#### **Language**

Students may be able to say something when not under pressure but be unable to repeat it when asked by a teacher.

#### **Use active questions**

Questioning can help students find the right sequence of words. For example, 'what is Hume's philosophy?' encourages the student to start the answer, 'Hume's philosophy is.....' A passive sentence such as, 'what can you tell me about the philosophy put forward by Hume,' is likely to be less successful.

#### **Personal organisation**

To help students remember their timetable, a copy could be placed on the wall or behind a door so that both the teacher and the student can refer to it. Students may need frequent reminders about returning borrowed books or resources.

#### **Examinations**

Students with dyspraxia may be granted special examination provisions. These will be agreed by the examination boards depending on the circumstances. The special provisions may include extra time in exams, amanuensis (scribe), use of word processor, or specially adapted papers. Such special provisions should be taken into account for internal tests and examinations.

#### **Be positive**

Ask the student what makes learning a positive experience for them. Remember that self-esteem may be low and in need of boosting.

## Autism

Although it was first identified in 1943, autism is still a relatively unknown disability. Yet autistic spectrum disorders are estimated to touch the lives of over 500,000 families throughout the UK.

People with autism are not physically disabled in the same way that, for example, someone who has cerebral palsy may be disabled. They do not require wheelchairs and they 'look' just like anybody without the disability.

Due to this invisible nature it can be much harder to create awareness and understanding of the condition.

### **What is Autism?**

Autism is a lifelong developmental disability that affects the way a person communicates and relates to people around them.

Children and adults with autism have difficulty relating to others in a meaningful way. Their ability to develop friendships is generally limited as is their capacity to understand other people's emotional expression.

People with autism can often have accompanying learning disabilities but everyone with the condition shares a difficulty in making sense of the world.

There is also a condition called Asperger's Syndrome which is a form of autism used to describe people usually at the higher functioning end of the autistic spectrum.

### **What are the characteristics of Autism?**

People with autism generally experience three main areas of difficulty. These are known as the triad of impairments.

**Social interaction** (difficulty with social relationships, for example appearing aloof and indifferent to other people)

**Social communication** (difficulty with verbal and non-verbal communication, for example not fully understanding the meaning of common gestures, facial expressions or tone of voice)

**Imagination** (difficulty in the development of interpersonal play and imagination, for example having a limited range of imaginative activities, possibly copied and pursued rigidly and repetitively).

In addition to this triad, repetitive behaviour patterns and resistance to change in routine are often characteristic.

### **What causes Autism?**

The exact cause or causes of autism is/are still not known but research shows that genetic factors are important. It is also evident from research that autism may be associated with a variety of conditions affecting brain development, which occur before, during or very soon after birth.

## Asperger's syndrome

### **What is it?**

Asperger's syndrome is a form of autism caused by the way the brain processes and integrates information. People with autism have particular difficulties with social interaction. However, in the first years of life the cognitive and communicative development of those with Asperger's Syndrome are within the normal or near-normal range.

Some of the typical problems experienced by those with Asperger's Syndrome are:

- Difficulty with abstract concepts, self-evaluation and reflection
- Impairments in social imagination
- Difficulty with processing auditory information
- Language is often taken literally. These tendencies may result in behaviour that seems rude. Students with Asperger's Syndrome may not understand the social and cultural rules that are taken for granted by others
- Students may exhibit articulate and verbose language skills. However, they find it difficult to make small talk, and may talk at people rather than to them. They can be unaware of the need to take turns when talking
- Difficulty with interpreting body language, facial expressions, gestures and vocal volume and tend to avoid eye contact
- Failure to appreciate others' thoughts and feelings
- An unusual or non-existent sense of humour
- Obsessive tidiness
- Idiosyncratic interests such as car number plates
- Low self esteem
- Other difficulties such as dyslexia or epilepsy may be present.

Asperger's Syndrome is not rare and it is likely that there will be at least one or two students with this hidden disability in every school, college and university. Asperger's Syndrome is covered by the Disability Discrimination Act as it is a mental impairment which has a substantial and long term adverse effect on a student's ability to carry out normal day-to-day activities.

### **Implications for learning**

#### **Approach to learning**

Students with Asperger's Syndrome have a weakness in processing information through hearing (auditory processing) and need to write down instructions (visual processing). They tend to rote learn and this means that each piece of information remains disconnected. Individual assignments are preferred to pair or group work. Sometimes there may be a tendency to take control of group situations according to their own understanding of social rules. Students with Asperger's Syndrome tend to be more able in areas of right and wrong answers are clear cut and effects predictable. They may have extraordinarily good memory, often excel with facts and figures, pay precise attention to detail and are independent. Students are usually loyal and honest, punctual, and dedicated. Many are at the top end of the ability range and their academic needs should be recognised.

#### **Classroom behaviours**

Students may keep repeating the same question until they have understood the answer. They often rely on strict routines and do not adapt to change easily (for example, always wanting to sit in the same seat, or feeling unsettled by a change in teacher or room). Students may need someone to deal with what appear to be unimportant concerns, for example why the blinds are pulled down, or why they are to watch a video. They may become anxious when the situation is not predictable or clear.

## **Language, understanding and application of knowledge**

Students' verbose language skills are not necessarily advanced communication skills, and may be echolalic (repetitive) speech or learned phrases, which are repeated as if they are their own. Students may have trouble interpreting analogies or transferring knowledge from one context to another. They may have difficulty in retelling stories or events in a cohesive and sequential manner, and significant events may be recalled alongside the insignificant. Students may develop areas of intense interest that are not directly related to their study.

## **Implications for teaching**

### **Consistency of approach**

It is important that the way staff deals with the learner with Asperger's Syndrome is consistent. Unusual behaviour should not detract from recognition of the student's abilities.

### **Instructions and responses**

Do not assume a shared understanding of meanings. For example, put your drink on the table may be literally interpreted (put the can on the table is safer!). Setting a written question which instructs students to 'discuss' a subject could result in conversation rather than writing. Give clear, concise instructions using active verbs and precise language (for example, read page eleven (active) rather than we will be reading page eleven (passive)). Avoid 'before' and 'after' phrases. Use reminders to prevent students getting fixed on one task and not moving on. Don't ignore students because inappropriate behaviour may be purposeful or manipulative. Be aware of the student's strengths.

### **Classroom management**

Establish ground rules with the student. Agree a place for them to sit and a place for them to go if they need their own space. Provide structure and organisation in a well-ordered environment. Students with Asperger's Syndrome prefer predictable circumstances and need help in adapting to changes or new routines and situations. Give prior warning of any changes. Consider giving the student a defined role such as chairperson or minute taker in-group work. Alternatively, join the group yourself.

People with Asperger's Syndrome are sensitive to sensory stimulation. Noisy videos may lead to overexcitement. Anticipate reactions and prepare the learner for what is to come. Sit with them if necessary. Encourage students to use a quiet area if the sensory stimulation becomes too much.

### **Feedback/review**

Check the student's understanding regularly to ensure that learning has taken place. Mark work clearly, concisely and make sure the criteria are understood. Avoid closed questions or phrases, which could be misconstrued. For example, 'would it be a good idea to tell us how Smith justified this theory?' Can be answered with a 'yes' or 'no', whereas, 'tell us how Smith justified his theory' will encourage a fuller response.

### **Examinations/assessment**

Students may be granted special examination provisions. These will be agreed by the examinations boards depending on the circumstances. Such special provision should be taken into account when internal tests and assessments are carried out.

### **Be positive**

Ask the student what makes learning a positive experience for them. Remember that self-esteem may be low and in need of boosting.

## **Attention deficit hyperactive (or hyperactivity) disorder (ADHD)**

Attention deficit hyperactive (or hyperactivity) disorder (ADHD) is a term applied to people whose behaviour is persistently impulsive, inattentive and often overactive in comparison to others of the same mental age. Attention deficit disorder (ADD) is the condition without the hyperactive element. ADHD/ADD is a developmental disability with neurobiological causes. It affects the individual's ability to function adequately in a range of settings such as home and school and impairs social and academic performance.

The term is associated with specific behaviours, for example a difficulty in sustaining attention, listening, following instructions and organising. Those with ADHD/ADD are forgetful and easily distracted; they may blurt out answers, make inappropriate comments and interrupt. The hyperactive element of the disorder can result in fidgeting, leaving their seat, talking incessantly and generally wanting to be 'on the go'. These behaviours present themselves in a wide range of ways according to age, environment, intelligence and personality.

The way in which ADHD/ADD manifests in the individual will from the basis of how it is categorised, either as a learning disability or as a serious emotional disturbance.

ADHD/ADD can be diagnosed by psychiatrists or paediatricians. These professionals may prescribe medication. It may also be diagnosed by psychologists. ADHD/ADD often occurs alongside other disorders such as anxiety and depression and can influence a variety of learning difficulties.

ADHD/ADD is covered by the Disability Discrimination Act as it is a mental impairment, which has substantial and long-term adverse effect on a student's ability to carry out normal day-to-day activities.

### **Implications for learning**

#### **Attention span**

Students with ADHD/ADD usually experience severe difficulty in focusing and maintaining attention. They will fidget and possibly leave their seat at the slightest chance, or swing on chairs and fiddle with books, shoes laces or pens. Some will be able to sit still but be unable to get focused. As a result such students tend to miss important points, lose things, and fail to pay close attention to details. They may distract others by talking at times when they should be listening to instructions.

#### **Working**

Students with ADHD/ADD have difficulty in organising thoughts sequentially. They tend to experience problems in starting tasks, completing assignments on time and planning. They often have poor handwriting and spelling. Such students often have a 'best time' for working.

### **Implications for teaching**

#### **Behaviour/attention**

Ask the student to sit near the front of the class. Explain to them how this can aid concentration. Maintain eye contact when giving instructions. Repeat important instructions. Use target setting or negotiated agreements to modify disruptive behaviours. For example, to reduce calling out: 'you will not call out while I am talking but can write down your question for us to talk over later in the lesson.' Praise and thanks are important whenever the target set is achieved. Allowing a student to doodle or highlight whilst listening, or having a piece of Plasticene to fiddle with can help.

#### **Personal organisation**

In order to compensate for gaps in listening, summarise the lesson at the start and end. Remind students of homework by writing it on a post-it note to stick in their diary. Have spare pens/equipment available as these may be forgotten.

**Instructions**

Break large tasks into smaller time-budgeted chunks, for example taking in a longer essay at each stage of development will allow smaller pieces of work to be produced. Encourage students to make colourful and visually-interesting notes as this can aid memory and concentration. Make the student aware of the lesson plan. For example: to start with we will be watching a video for ten minutes. This information is a great source of comfort to a student who is restless and should aid concentration.

**Use of language**

The way we talk is important in assisting concentration. Give written and verbal information in plain English. Use clear, concise language for instructions. Follow the guidelines on readability (see Good Practise Guide on Readability) to ensure that text is accessible. The student will not have the patience to 'dig out' information embedded within unnecessarily long sentences. Engage the student in the learning situation by using active rather than passive verbs. For example, 'Macbeth killed the king' (active) rather than 'the king was killed by Macbeth' (passive); 'make dough by mixing the ingredients' (active) rather than 'you will mix the ingredients into dough' (passive).

**Teaching and learning styles**

Incorporate a variety of teaching and learning styles into the lesson, allowing the opportunity for movement, discussion, group work and 'hands-on' learning.

**Music**

The idea of music as a background to learning may be controversial but many have found it very effective. The music should be unobtrusive and without lyrics. Mozart's music lends itself well to a calming influence and may well benefit the teacher as well as the students.

**Examinations**

Students with ADHD/ADD may be granted special examination provisions. These will be agreed by the examination boards depending on circumstances. The special provisions may include extra time in exams, a reader, amanuensis (scribe), or use of a word processor. Such special provisions should be taken into account for internal tests and examinations.

**Be positive**

Ask the student what makes learning a positive experience for them. Remember that self-esteem may be low in need of boosting.

## Epilepsy

### **What is it?**

Epilepsy is the most common serious neurological condition. It is the tendency to have repeated seizures and blackouts. A sudden, temporary interruption or disturbance in some or all of the nerve cells on the brain (neurones) results in a seizure. A seizure can also be caused by a temporary lack of oxygen or glucose although this is rarer. Seizures tend to start in infancy or by late adolescence and the likelihood rises once more after the age of 65. A single seizure does not mean that someone has epilepsy.

We all have the capacity to experience a seizure under certain conditions as part of our genetic makeup, and we all have a level of resistance to seizures. Family tendency to seizures plays an important part. However, a severe injury due to, for example, a traumatic birth or a road accident may cause epilepsy to develop. Seizures are sometimes attributed to stress but this is not the underlying cause of epilepsy. Epilepsy is not determined by race or social class. About one in 200 children and adults have epilepsy in the UK.

Those with epilepsy may experience blackouts or periods of confused memory, episodes of staring, and unexplained periods of unresponsiveness, involuntary movements of arms and legs, or fainting spells with incontinence. Excessive fatigue may follow a seizure.

Students with epilepsy often have poor self-confidence and low self-esteem.

Epilepsy is covered by the Disability Discrimination Act because it is a physical impairment which for many students has a substantial and long-term adverse effect on their ability to carry out normal day to day activities.

If you have an epileptic student who is photosensitive then the following may trigger a seizure:

- Flashing or flickering lights
- Video games and computer graphics
- Certain geometric shapes or patterns
- Strong changes in light e.g. from darkness to bright light

If this is the case then it may be necessary to minimise the exposure to the above.

### **What to do if a major seizure occurs**

1. Make sure that the person that is having the seizure is out of harm's way. Move any chairs, electrical wires or cables etc. to make the area safe. Make sure there is nothing in their mouth which could slip down their throat. Be very sensitive and careful. Send for first aider.
2. Cushion the head with something soft, such as a pillow or jacket.
3. Loosen any tight clothing from around the neck. Care must be taken because this could frighten someone who is semi-conscious.
4. Once the convulsions have ceased, turn them onto their side, into the recovery position.
5. Somebody should stay with the person until consciousness is regained.
6. If the student recovers well and is confident that they are okay, resume activities.
7. If you are unsure that the person has hurt himself or herself, call a first aider who will decide whether medical attention is required.

## **What not to do**

1. Never try to restrain the convulsive movements.
2. Never put anything between their teeth.
3. Don't give them anything to drink as this could cause them to choke, vomit or swallow the fluid into their lungs.
4. Do not send for an ambulance or doctor, unless the seizure continues or a series of seizures occur without them properly regaining consciousness in-between.

## **At the end of the seizure**

1. Stay with them, talking quietly to reassure them, until you are certain that they are able to look after themselves.
2. Don't rush their recovery, it may take time.
3. Don't give them anything to drink, until you are sure that they are fully recovered.
4. Some people need to go home, or lie down for a while, check with the person.

## **Implications for Learning**

Students with epilepsy may experience difficulty in sustaining attention. Short-term memory may be impaired. Concentration and attention levels may be poor. Students may be distracted by background noise in the classroom. They may also experience difficulties with problem solving, decision-making, and language skills. Hand/eye co-ordination may be poor and reaction times slow. Such students will need time to think about and answer a question. Auditory memory may be poor due to mental breaks. The student may need visual materials to supplement gaps in learning.

## **Implications for Teaching**

### **Classroom management**

The teacher should repeat key points and summarise at the start and end of each lesson. Students may need support to help them keep up to date with work.

### **Health and safety**

Water sports, climbing, and contact sports should be carefully supervised but not avoided. Those with epilepsy should avoid scuba diving and sky diving. On field trips or educational holidays, no limitations on travel are necessary as long as there is access to medical care.

### **Examinations**

Students with epilepsy may be granted special examination provisions. These will be agreed by the examination boards according to circumstances. The special provisions may include extra time in exams, provision for rest breaks, use of prompt, and provision for sitting the exam in a small room. Such special provisions should be taken into account for internal tests and examinations.

### **Be positive**

Ask the student what makes learning a positive experience for them. Remember that self-esteem may be low and in need of boosting.

## Hearing impairment

### **What is it?**

Hearing impairment is the partial absence of hearing, including profound deafness, partial deafness and distorted hearing. The impairment may have been present from birth or more recently acquired.

Hearing loss or impairment occurs when there is a problem with one or more parts of the ear. A student with hearing loss or hearing impairment may be able to hear some sounds or none at all. People also use the words 'deaf', 'deafness', or 'hard of hearing' when they are talking about hearing loss/impairment.

Some students with hearing impairment use British Sign Language. Some will depend on lip-reading. Others use standard hearing aids or radio hearing aids. These are improving but remain imperfect solutions.

The self-esteem of those with hearing impairment may be low. They may have been subjected to ridicule and bullying in the past. This means that it is important to try to create a positive learning environment.

The Disability Discrimination Act applies to hearing impairment, as it is a physical impairment, which has a substantial and long-term adverse effect on a student's ability to carry out normal day-to-day activities.

### **Implications for learning**

#### **Learning styles**

Students with hearing impairment are likely to depend a great deal on visual learning. For example they will need to supplement verbal with written information. They may also need to make extra notes. Use of IT in lessons benefits many students.

#### **Listening**

The needs of students with hearing impairment vary widely. Some will need note takers in preparing notes for British Sign Language users. Some will depend on lip-reading; however, only 25% of words can be lip-read. Hearing aids may be used but they do not give perfect hearing as they amplify all sounds including background noise. A radio hearing aid may be used. This requires the teacher to wear a transmitter and microphone whilst the student wears a receiver linked by a loop. This cuts down background interference but can pick up other interference from computers and neon lights for example. It can also cut out other students' voices.

#### **Reading/vocabulary**

Students with impaired hearing will generally take longer to read. There may be significant gaps in understanding vocabulary, and students may misunderstand words with more than one meaning. The use of a spell checker, computer-based dictionary and a thesaurus may be necessary to support written work.

#### **Speaking**

Students who have had hearing in the past will usually have clear speech. Those who lip-read will usually have less clear speech. They do not have speech impediment, they simply do not pick up all sounds, especially word endings.

### **Implications for teaching**

#### **Classroom management**

Ask the student what enables them to learn and what excludes them from learning. Ensure that they have clear view of your face. The arrangement of classroom furniture can help. For example a horseshoe shape allows visual contact with all students. Indicate when another student is speaking. Make sure you have attention before you speak. Avoid standing with a window or light behind you, covering your mouth whilst talking and talking while you bend down to pick something up or write on the board. Stand still when giving instructions. Be clear and precise

when referring students to a page or a chapter in a book. Keep background noise down and make sure that only one person talks at a time. Check that understanding has taken place.

### **Differentiation**

Make handouts available in advance. Provide written transcripts of video and audio-tapes. Use note-takers and microphones/transmitters (for radio hearing aids) when appropriate.

### **Instructions**

Establish the topic you are talking about and introduce new vocabulary on the board at the start of the lesson. Clearly sequence your instructions. Use plain English for instructions and keep sentences short and simple. Avoid exaggerated mouth patterns and shouting. Use clear, suitable paced speech using natural rhythm with gestures where appropriate. If you need to repeat something, indicate that it is a repetition.

### **Readability**

Ensure that the visual appearance of hand outs/text is appropriate, as this is an important aid to understanding.

### **Examinations/assessment**

Students with hearing impairment may be granted special examination provisions. These will be agreed by the examination boards according to the circumstances. Depending on the exam/assessment, hearing-impaired learners may need especially prepared examination papers, extra time, a room on their own, use of a reader or scribe, or other provision. The special provisions should be taken into account for internal tests, mock examinations and extended coursework. Advise students on how to use the provision to best effect.

### **Be positive**

Ask the student what makes learning a positive experience for them. Remember that self-esteem may be low and in need of boosting.

## Low vision

### **What is it?**

People with low vision do not have the same characteristics as totally blind people, nor do they have the same visual abilities as those with normal vision. Low vision does not mean no vision at all. It includes people with some light perception as well as those who can read books and newspapers without using any aid or device. This is by nature an extremely diverse group. People with low vision constitute the vast majority of the visually impaired population.

A fully sighted person gets 80% of his/her information about the world visually. A person with low vision receives a vast majority of their sensory input by visual means. However, their visual impairment may affect their ability to see detail, the width of their visual field, their sensitivity to contrast and glare, their ability to see moving images and changing focus, their colour vision, and their response to changing light levels.

The Disability Discrimination Act applies to low vision because it is a physical impairment, which has substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.

### **Implications for learning**

For some students with visual impairment, visual learning may be appropriate if the right resources and equipment are available to enhance their vision. However, many visually impaired learners will learn best when visual learning is replaced by or augmented with other styles of learning. To maximise the use of vision, students may need:

Other sensory input (such as speech to supplement computer technology)

Enlarged print

Magnifiers or telescope aids

Screen-enlarging software

Some enhanced form of marking/labelling for practical activities. For example in laboratory work where details such as units of measurement may be indistinct

Hand outs in the student's preferred print size and font

Suitable lighting and arrangement of classroom furniture

### **Implications for teaching**

#### **Reading and texts**

Students with low vision will usually require extra time for reading tasks. Do not expect the learner to skim and scan for the points you wish to focus on, you should direct them. Make hand outs available before each lesson in a suitable font and size. Check all photocopies for clarity before giving them out. Avoid double-sided photocopies, as this can reduce readability. Students will also need their own copy of information written on the board or on overhead transparencies. Draw attention to the location of any important notices (for example whether they are on the board or notice board)

#### **Support**

Set up a circle of friends or a 'study buddy' system to support the student as needs arise.

#### **Giving instructions**

Avoid standing with your back to the window/light when talking. Get the student's attention by using his/her name at the start of your sentence. Introduce the students to each other to familiarise them with names. There is no need to avoid normal talk such as, see you later, can you see how? However, if you are using directional instructions such as over there, down there, like this, make sure you also provide a verbal description.

#### **Examinations**

Students with low vision may be granted special examination provisions. These will be agreed by the examination boards depending on circumstances. The special provisions may include extra time in exams, a reader, amanuensis

(scribe), use of a word processor, or specially adapted papers. Such special provisions should be taken into account for internal tests and examinations.

**Be positive**

Ask the student what it is that makes learning a positive experience. Remember that self-esteem may be low and in need of boosting

## Mental Health

### **What is it?**

Mental health is the way you feel in your mind. It is about the state that your feelings are in. Mental health problems may be long term and enduring or relate to short periods of distress. Mental health problems are not the same as learning difficulties, although study skills may be affected. The stigma, which often accompanies mental health problems, can be more difficult to deal with than the symptoms themselves.

There are many different types of mental health problem. These include obsessive-compulsive disorder, anxiety, depression, phobias, psychosis, panic attacks, fear of attention, anti-social behaviour, developmental disorders such as speech delay and social ability deficits, attachment disorders such as abnormal sleeping patterns or tics, post-traumatic stress syndrome, somatic disorders such as chronic fatigue syndrome, psychotic disorders such as bi-polar affective disorder (manic depression), schizophrenia and drug induced psychosis/paranoia. It is when the problems are particularly severe or persistent and are interfering with the student's normal everyday life that they can be said to have a mental health disorder.

Mental health difficulties are a major cause of ill health. Between one in four and one in six people will experience some kind of mental health problem. An estimated one in fifty people will experience serious mental health difficulties.

Mental health difficulties can affect anyone regardless of culture, class or education. The way that mental health problems manifest themselves is unique to the individual. Those with mental health difficulties may also have other non-related disabilities such as dyslexia or epilepsy. Those with mental health difficulties are rarely violent towards others. However some do harm themselves when anxious and feeling out of control. Stress has a significant influence on mental health.

Students with mental health disorders will come under the definition of a disabled person within the Disability Discrimination Act if their condition can be regarded as an impairment which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities.

### **Implications for learning**

#### **Effects of mental health difficulties**

Mental health difficulties may affect the ability to learn, the methods of learning, communication, socialising, ability to cope, friendships and relationships.

Learners experiencing mental health issues often prefer to be passive learners. Such students will be encouraged to join in and be active, as they do not wish to attract attention. They may need pastoral as well as academic support. The different types of mental health problem can affect learning in different ways. Advice should be sought from professionals such as Special Educational Needs Co-ordinators.

### **Implications for teaching**

Although the needs of individuals vary, many of the strategies, which teachers should consider, are the same.

### **Support**

Support is the responsibility of the whole organisation. All teachers must be involved. If a learner has disclosed a mental health difficulty it is important to ask them how the difficulty affects the learning process within your subject. It is also important to anticipate and plan for the fact that you could have a learner who experiences mental health issues in your class even if you do not have one at the moment. Make sure the learner is aware of all the support that is available. This is important as study skills may be affected.

Be aware and make your students aware that there are a range of 'Self Help Guides' on the College intranet. These guides are to help students understand different psychological conditions and human behaviours and how to manage them better. The guides also provide other points of reference for support should they need any.

As well as these guides there are a full range of pastoral, welfare, counselling and learning support systems and people in College to help students. The self help guides do not in any way take the place of any of the people in College here to support students. You may need to refer students to these services available in the College.

### **Managing behaviour**

Make ground rules and make clear your expectations of behaviour. You will need to anticipate some behaviour, such as reactions to stress arising from group work. Troubleshoot by encouraging learners to seek help before problems get to big. Allow the student to indicate bad times by, say, encouraging them to place a red counter on their desk when they need to be left alone. Do not put them in a confrontational situation such as the student becoming argumentative. It will also give the student the chance to have a drink of water, which may be important to avoid dehydration (caused by some medications).

### **Observe**

Watch how learning is taking place and record the information. Share your observations with others involved in the welfare of the learner.

### **Encouragement and social support**

Ensure that students recognise their achievements and praise success. Encourage self-assessment. Do not wait for the learner to contact you. Consider setting up a 'study buddy' system where a student can access another's notes and hand outs. Set up a 'circle of friends' to ensure that the learner feels valued and does not go home without talking to anyone throughout the day. Peer support and mentoring will help the student feel valued. Negotiate places to sit where the learner feels secure. This may mean reserving a place. Be aware of and discuss the implications of any change in routine such as a change in teacher or a field trip.

### **Teaching and learning styles**

Ask students how their learning is progressing and how they best learn. Use a variety of teaching styles. Check that learning is taking place. Have one to one tutorials and offer emotional support. Break down large tasks and set achievable targets. Provide summary handouts. Keep a record of lessons and activities so that it easy to cater for missed lessons and concentration problems. Teach by giving examples where possible. Handwriting frameworks may be useful in getting students started on written work.

### **Examinations**

Students with mental health disorders may be granted special examination provisions. These will be agreed by the examination boards according to circumstances. They could include students working in a room on their own or in small numbers, provision of rest breaks or use of a prompt. Extra time may be granted for coursework. These special provisions should be taken into account for internal tests, mock examinations and coursework. Advise students on how to best use the provision.

In schools, the Special Educational Needs Co-ordinator should take lead responsibility to ensure that the assessed needs of students with mental health disorders are met. Support and advice may also be offered from specialist professionals and school-based counsellors.

## Other medical conditions

### **What are they?**

There are numerous medical conditions with implications for teaching and learning, some of which are outlined below. Some of these are stable conditions, others are variable or progressive. In progressive conditions it is important to undertake regular assessments of the learning and teaching implications; low attendance may be due to illness, fatigue or medical appointments.

### **Diabetes**

There are two distinct conditions: Type 1 diabetes and Type 2 diabetes. People with Type 1 do not produce enough insulin to control their blood sugar level, which becomes too high. The condition is treated by giving additional insulin. Students may need a special diet and often require injections. They need access to sugar free drinks as they can become very thirsty. They should be allowed to go to the toilet when they need to. Type 2 is less common among young people and occurs when the body does not produce enough insulin or the insulin it does produce is not working properly. Students with diabetes may behave erratically, become lethargic, sleepy or confused and suffer double vision. They can also cause fluctuating visual acuity (sharpness of vision), distortion of vision and possible impairment of visual field.

### **ME (Myalgic Encephalomyelitis – also known as chronic fatigue syndrome)**

Symptoms include persistent fatigue, muscle pain, difficulties with temperature control, problems with vision and hearing, and poor concentration and memory. The onset of ME may follow an ordinary viral condition from which the person fails to make a full recovery. Generally, the person with ME is seen only when they feel well enough to get out, as a result of which the worst of the stress and fatigue is not always seen.

### **Asthma**

The term 'asthma' derives from the Greek meaning 'to breathe hard'. Medical terminology defines the condition as Reversible Obstructive Airways Disease. Symptoms include difficulty in breathing, which can be extremely distressing and sometimes life-threatening. Attacks vary in their severity and are sometimes relatively mild but without the right conditions and treatment could spiral out of control. Air pollution and other factors associated with 21<sup>st</sup> Century lifestyles have resulted in an escalation of diagnosed cases. Teachers need to be mindful of likely causes and triggers for asthma attacks, such as exposure paint fumes, pollen, or cold air, and food allergies. Those with asthma may need to take medication in class.

### **Anaemia**

Anaemia occurs when one of three things occur: red blood cell production decreases; red blood cell production decreases; red blood cell destruction increases; or there is significant bleeding. Blood loss may occur as a result of trauma, menstruation, inherited blood cell defects (such as sickle cell anaemia), dietary problems, kidney disease and treatments for cancer or HIV/AIDS. People with anaemia experience a general tiredness, often feeling weak and lethargic. They frequently suffer from depression.

### **Heart conditions**

Many students with heart conditions are managing their condition very well. However they may tire easily and have to take medication that has side effects. Make allowances for the effects of fatigue and allow them to leave for rest breaks or medication if necessary.

### **Cancer**

Cancer is any malignant growth or tumour caused by abnormal and uncontrolled cell division, which can spread to other parts of the body. The cancer, the treatment and the side effects will be individualised. A number of distressing effects may be experienced including nausea, weight loss, abdominal pain, constipation, deadening of fingertips, numbing and tingling, fatigue, loss of muscle mass, hot flushes, difficulty swallowing, bad taste in the mouth, loss of hair and finger nails, thin skin and susceptibility to bruising. Students with cancer may also experience depression, and are at greater risk of acquiring other infections.

## **HIV/AIDS**

Acquired immune deficiency syndrome (AIDS) is a disease of the immune system caused by the human immunodeficiency virus (HIV). AIDS means that a person's immune system has been weakened so much by HIV that it cannot fight off the infections and illnesses. There is no cure for HIV infection or AIDS but treatment with anti-HIV drugs slows down the progress of the disease. The drugs often cause side effects and some people experience nausea, vomiting, headaches, sleep disturbance and depression. Treatments for side effects are being developed. Anaemia is a common problem among those who are HIV positive.

### **Implications for learning and teaching**

Students with such medical conditions may benefit from some or all of the following:

Attendance concessions

A note taker or facilities to tape lectures/lessons

A reduction in the number of subjects studied

To have long tasks broken down into smaller chunks

Clearly dated summary hand outs for missed lessons

Information sent home for independent study

Repetition of important information and instructions

Staff who recognise that the learner may feel isolated due to absences which will affect self-esteem.

Teachers should try to:

Avoid putting students 'on the spot' when they return from absences

Recognise good and bad days

Recognise the effects of fatigue, stress, and depression, including poor concentration

Avoid over-reaction (many students will be managing their condition very well)

Have high expectations

Be flexible, and prepared to make and modify agreed plans of action

Consider setting up a 'study buddy' or 'circle of friends' system for copying missed notes, finding out about any programme changes and supporting on field trips.

Check on changes in conditions. Be prepared to reassess the implications for teaching.

### **Examinations**

Students with medical conditions may be granted special examination provisions. These will be agreed by the examination boards according to circumstances. The provisions may include extra time in exams, a reader, rest breaks, amanuensis (scribe), or use of a word processor. Students who have experienced a lot of absence due to ill health may be given an aggregate mark rather than having to sit exams. Such special provisions should be taken into account for internal tests and examinations.

### **Be positive**

Ask the student what it is that makes learning a positive experience. Remember that self-esteem may be low and in need of boosting.