



Broadwindsor CE VC Primary School

Provision Map

Be Safe

Be respectful

Be responsible

Name – _____

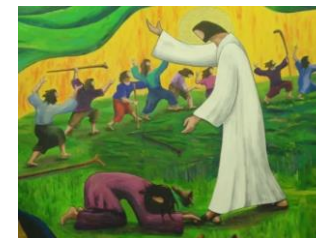
Year group - _____

Autumn

Spring

Summer

Taking the extra step in learning, kindness and ambition for ourselves, others and our World.



Luke 17: 18-19 The Tenth Man

Sensory and Physical

Assessment:

Universal

- Letter Join
- PE (GetSET4PE) assessment
- Class observations – fine and Gross motor skills

Targeted

- Learn to Move
- Sensory audit
- Signpost parents to Opticians
- Signpost parents to GP

Specialist

- Vision Assessment VISS (Vision Support Service)
- Hearing Assessment HISS (Hearing Support Service)

Useful Links:

<https://www.nhsggc.org.uk/kids/healthcare-professionals/paediatric-occupational-therapy/fizzy-programme>
<https://pdnet.org.uk/>
<https://www.ndcs.org.uk/>
<https://www.natsip.org.uk/>
<https://ruid.org.uk/>
<https://www.nhs.uk/conditions/vision-loss/>

Need A child may...	Universal Quality First Teaching	Targeted Wave 2	Specialised Wave 3	Outcomes
• experience hearing loss –mild, moderate or severe • miss hear spoken information • have poor phonological awareness • have difficulty processing unknown language and retaining information • have difficulty with new social situations • have difficulty listening at distance • experience vision loss – mild, moderate or severe • have difficulty with handwriting/fine motor skills • have difficulty with gross motor skills and mobility • experience difficulty moving around classroom or school • struggle to manage own physical needs • have colour perception difficulties • misinterpret social cues • be isolated from their peers • not respond to fire alarms <u>Signs of sensory processing</u> Over-responsive (hypersensitivity): • extreme response or fear of sudden, high-pitched, loud, or metallic noises (flushing toilets, clanking silverware, etc.) • may notice or be distracted by background noises that others don't seem to hear • may be distracted or unsettled by overcrowded environments • avoids hugs and cuddling even with familiar adults - may accept but only with his permission • avoids standing in close proximity to others	• Scaffolded support for PE • Flexible teaching arrangements • School accessibility • Pencil grips • Fine motor skills resources • Letter join • Headphones available • Seating position • Repeating what people have said • Listening / visual friendly environment • Large font / coloured overlays • Hearing Impairment strategies • Neutral display boards • Noise reducing items in classrooms	• Learn to Move • Write from the start • Dough Disco • Pen Disco • Handwriting/fine motor sessions • Letter join intervention • Gross Motor sessions • Sensory cushion/seat	• Referral to other professionals - OT - Physiotherapist - specialist teacher - TADSS • Sensory circuit	• Able to access the mainstream curriculum independently • Increased confidence and self-esteem • Positive engagement and participation in learning • Improved social inclusion • Progress and attainment in line with stage of development and general ability

• extremely fearful of climbing or falling, even when there is no real danger • has poor balance and may fall often Under-responsive (hyposensitivity) • a constant need to touch people or textures, even when it's inappropriate to do so • doesn't understand personal space when peers understand it • can present as clumsy and uncoordinated movements • extremely high pain tolerance • often unintentionally harm other children and/or pets when playing (i.e. doesn't understand his or her own strength) • may be very fidgety and unable to sit still • enjoy movement-based play like spinning, jumping, etc. • seem to be a "thrill seeker" and can be dangerous at times				
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Some children and young people may have a disability which prevents or hinders them from making use of the educational facilities generally provided.

These disabilities could include a:

- vision impairment (VI)
- hearing impairment (HI)
- physical difficulty
- sensory processing difficulty

Hearing impairment or hearing loss can be temporary or permanent. It can range in severity from a mild loss to a profound loss.

Vision impairment is less than perfect sight, and can range from no sight at all to degrees of useful vision. It could affect distance vision, near vision, fields of vision (the ability to see to the sides) or all three. Vision impairment amongst children is quite rare. It most commonly affects the ability to see clearly (acuity).

Children who have only a refractive error (long sight, short sight or astigmatism) that can be fully corrected with glasses or lenses are not considered to have a visual impairment.

Physical disabilities can include: cerebral palsy, spina bifida and neuro-muscular dystrophies.

A child/young person with physical disability may have difficulty carrying out some day-to-day activities. They will probably be referred to a physiotherapist and occupational therapist who can provide advice about exercises and equipment and guidance on what would be helpful and what to avoid.

Sensory processing is the way our brain sorts out sensory information so we understand the world and can manage our everyday life at the same time as learning and interacting with our environment both physically and emotionally.

We all have some sensory processing differences e.g. some of us like very strong tastes and smells and others avoid them.

Our senses help us: notice, understand and respond appropriately to what we can see, hear, feel; become alert of danger; remain focussed on task and influence our ability to be in control of how we respond to what is happening around us.

Sometimes sensory development is delayed, and children/young people can struggle to take part in everyday activities e.g. hair cutting, teeth brushing, moving around, leisure activities, having a shower, eating and drinking, going to school or going shopping.

Sensory processing challenges are often affected by sleep, hunger and time of day.

Sensory processing difficulties: over-responsive (hypersensitivity), under-responsive (hyposensitivity)

A child/ young person can be over responsive in one system and under responsive in another, there are many contributing factors.

To support the child/young person's response to their sensory processing difficulties sensory strategies can be used:

Alerting activities

Trampoline

Jumping on the spot

Bouncing on a gym ball

Running (at the park, school gym hall etc.)

Wobble cushion on their chair to provide movement

Fidget toys

Wiggling or shaking their arms and legs to provide body movement

Calming activities

Deep pressure

Joint compressions

Squeezes

Wall presses – pushing against a wall

Any activities where the child/ young person needs to weight bear through their hands or legs e.g tug of war or carrying a bundle of books to a table.

