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Special Educational Needs Assessment Guide

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Special Educational Needs Assessment Guide



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Introduction

This resource file has been designed to support teachers in meeting the educational needs of children and young people with a learning difficulty, physical disability and autism.

This file has been developed to provide a common framework for use by all teachers and support staff working in centres attached to the Bethlehem Arab Society for Rehabilitation. This common framework seeks to streamline the diagnostic process and types of support offered to children and young people in the centres. The file

includes:

- Diagnostic assessments for individual areas of need
- Diagnostic evaluation of special educational needs (Record of Need)
- Individual Education Plan template
- Template to track pupil progress
- Template for lesson planning
- Template for supervision.

This file will provide managers and teachers with guidance on specific learning difficulties and autism, and will guide teachers through the diagnosis and identification process of these needs.

There will be a separate document called 'Special Educational Needs Support Guide' that will provide teachers with practical examples of some of the types of support they can give to children to ensure that each child receives an education that is appropriate and effective in meeting their needs. It will identify and describe practical and effective research-based strategies that can be deployed to support the

unique needs of each child. These strategies can be used within both mainstream and special education classrooms to support all children's learning.

These guides will include many examples of best practice to support children and young people with special educational needs but should NOT restrict individual teacher's practice. All teachers have a duty to ensure that they continue to develop their own knowledge and expertise about special educational needs beyond what is contained here. This guide is intended to support teachers in becoming independent, inclusive and creative teachers for **all** children and young people, including those with, and without, special educational needs.



Identification of Special Educational Needs

The term 'special educational needs' is an umbrella term that covers a range of barriers that children may face in their learning. Children with special educational needs are likely to need extra help or support in their learning than are their peers. Special educational needs is associated most with children and young people who have a learning difficulty, physical disability or autism. However, it can also be used to refer to children who require short-term additional support with their education because of issues they are experiencing, such as, bereavement, poor health, poor mental health, poverty and conflict.

While this guide will focus on special educational needs as understood as a learning difficulty, or autism, some of the strategies outlined may be appropriate to use with those children requiring temporary additional support for learning.

Special educational needs as discussed in this document is premised on the definitions of disability and special educational needs described below:

Disability

This guide relies on the definition of disability as described by the World Health Organisation:

Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in



executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.

Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers. (World Health Organisation, 2011)

Throughout this guide, the word 'Disability' is not automatically applied to children



who are identified as having a special educational need or a learning difficulty. This is because many people with special educational needs and learning difficulties can learn provided they receive appropriate education that has been designed with their needs in mind. Labelling a child as disabled because they

learn differently from their peers can be extremely detrimental to their learning because many people assume that a disability means a child is lacking in ability. This is not the case. All children are able to learn, and some of these children have additional difficulties that can make it hard for them.

Special Educational Needs

A child or young person has special educational needs or a disability if they have a learning difficulty, physical disability or autism that requires adaptations to be made to ensure that they have access to education.

Learning Difficulty

A child or young person has a learning difficulty if they have significantly greater difficulty in their learning than the majority of children or young people of a similar age;

And/or

A child or young person is prevented or hindered from making use of the facilities of the kind that are generally provided for children or young people of a similar age.



Special Educational Need Categories

The term special educational needs is an umbrella term that covers a range of learning needs. This guide will focus on the diagnostic criteria of the most common learning difficulties experienced by children: Dyslexia;

Dyscalculia; General Learning Difficulties; Social, Behavioural, Emotional and Well-Being Difficulties; Attention Deficit and Hyperactivity Disorder; and, Autism.

Specific Learning Difficulty (SpLD)

The term Specific Learning Difficulty is an umbrella term that describes a range of difficulties related to the way in which information is learned and processed.

Specific learning difficulties are considered to be neurological rather than psychological and occur independently of intelligence.

Difficulties considered as a Specific Learning Difficulty include:

- Dyslexia
- Dyscalculia
- Attention Deficit Disorder
- Attention Deficit and Hyperactivity Disorder.

How to identify Specific Learning Difficulty in children:

You should refer to the diagnostic criteria that are described in detail under each special educational need category and use the assessment tools provided for each of these (see the Special Educational Needs Support Guide that accompanies this resource file).





Dyslexia

Dyslexia is the label given to people who process written material differently from the general population. The most recognised definition is that dyslexia is a learning disability (or difference) that affects the skills that are required for accurate and fluent word reading and spelling.

Dyslexia affects a person's ability to process information as well as their auditory memory. This affects, to varying degrees, a person's development of literacy, mathematics, sequencing skills, memory and organisation.

Dyslexia can occur across all levels of intellectual ability. It is thought to be a neurological difference that is hereditary within families.

People with Dyslexia may also experience visual processing difficulties and some dyslexic readers can demonstrate a combination of abilities and difficulties that can affect the learning process. Some people with dyslexia are highly skilled in other areas that do not require reading skills such as problem solving, creativity, interactive skills, design and oral skills.

Some people with Dyslexia may also experience difficulties with mathematics. This may be because of the language difficulties they experience rather than a specific mathematical learning difficulty.

How to identify dyslexia in children: (Please note that not all children with dyslexia will display all of these signs.)

- Difficulties in learning the names and sounds of letters
- Inconsistent and unpredictable spelling patterns



- Confusing letter and number shapes that are similar in formation such as b instead of d (Arabic equivalent?)
- Confusing and muddling up the order of letters in words
- Slow reading speed
- Makes multiple errors when reading aloud
- Poor reading comprehension skills. A person may have concentrated so hard on making sure they got the words correct that they did not absorb the meaning of the words they were reading.
- Visual disturbances when reading a text. A child may say words appear to be blurred or that they move around the page.
- Ability to answer questions orally but struggle to record the answer in writing
- Struggles to distinguish their right from their left
- Finds it difficult to follow a sequence of directions
- Finds it hard to learn sequences such as the alphabet, days of the week or months of the year
- Slow handwriting speed
- Poor handwriting and letter formation
- Difficulties copying written text
- Spends longer than peers to complete written work
- Poor phonological awareness. This means that the child has difficulties in manipulating sounds, rhyming, phoneme isolation, syllable division, blending sounds, discriminating sounds and the child may mix up similar sounding words.
- Verbal ability to answer a question is much better than written ability.
- Large discrepancy between Intelligence Quota score and level of work produced



- Lack of confidence when approaching a reading, writing or spelling task.
- Poor working memory
- Struggles to sequence.

Assessment for Dyslexia (and other difficulties with reading, writing and spelling):

There is no standard or universal tool to screen for dyslexia. A combination of assessments and observations are required prior to a diagnosis of dyslexia. The assessments will also help you to plan for and target the areas of specific need in the child's education.

Assessments for Dyslexia can be found on pages 48-64, and can include:

- Assessment of Sequencing Skills

Sequencing assessments can include recalling days of the week, seasons of the year, months of the year or the alphabet. Sequencing assessments should align with the age, ability and developmental stage of the child. For younger children or children who cannot write you may give them printed cards to sequence. For children who are able to write you can ask them to write the sequence out. Annex 2 provides you with a rainbow shaped frame where children can write the alphabet. You may also choose to write some letters into this frame and ask the child to fill in the gaps.

When completing this assessment, you should be observing how the child completes and approaches it. You should make notes that include how long it took the child to complete the assessment, how many attempts to get the sequence correct, how the child felt during the assessment, etc.

- Independent Writing Assessment

An independent writing assessment can tell you a lot about a child's reading, writing and spelling ability. When completing this assessment with a child you should be observing the child's approach to the task, their use of vocabulary, their use of punctuation, spelling, handwriting and fine motor skills, their comprehension ability and verbal ability.

- Phonological Awareness Assessment

This assessment explores the child's ability to manipulate sounds, their auditory discrimination, their understandings of rhyme, ability to blend phonemes, ability to isolate phonemes and their ability to divide syllables in a word.



- Reading Assessment

A reading assessment will provide you with guidance on a child's reading ability. This assessment can be used to determine what level of text is appropriate for the child and can highlight the areas of reading where a child needs further support.

- Initial Sounds and Letter Recognition

The assessor should show the child letters and sounds. The child should be asked to tell the assessor what the sound and/or letter is. If the child does not do well in this assessment they will need to be given opportunities to develop their knowledge of letters and associated sounds. Without this knowledge a child will struggle to decode, and blend letter sounds to read a word.

- Sight Words Assessment

Not all words can be decoded using phonological awareness. This means that children need to be able to automatically recognise and read some words. A carefully compiled list of commonly encountered sight words can provide children with a way to learn the morphographical structures of words they will need automatically recall in their reading.

This list should be compiled by using the reading material the children will frequently encounter in their curriculum. This can be achieved by carefully studying the reading material the children are exposed to and creating a tally of how often words that cannot be decoded using phonological awareness are used. The words that occur most often will be listed from the most frequently used to the least frequently used.

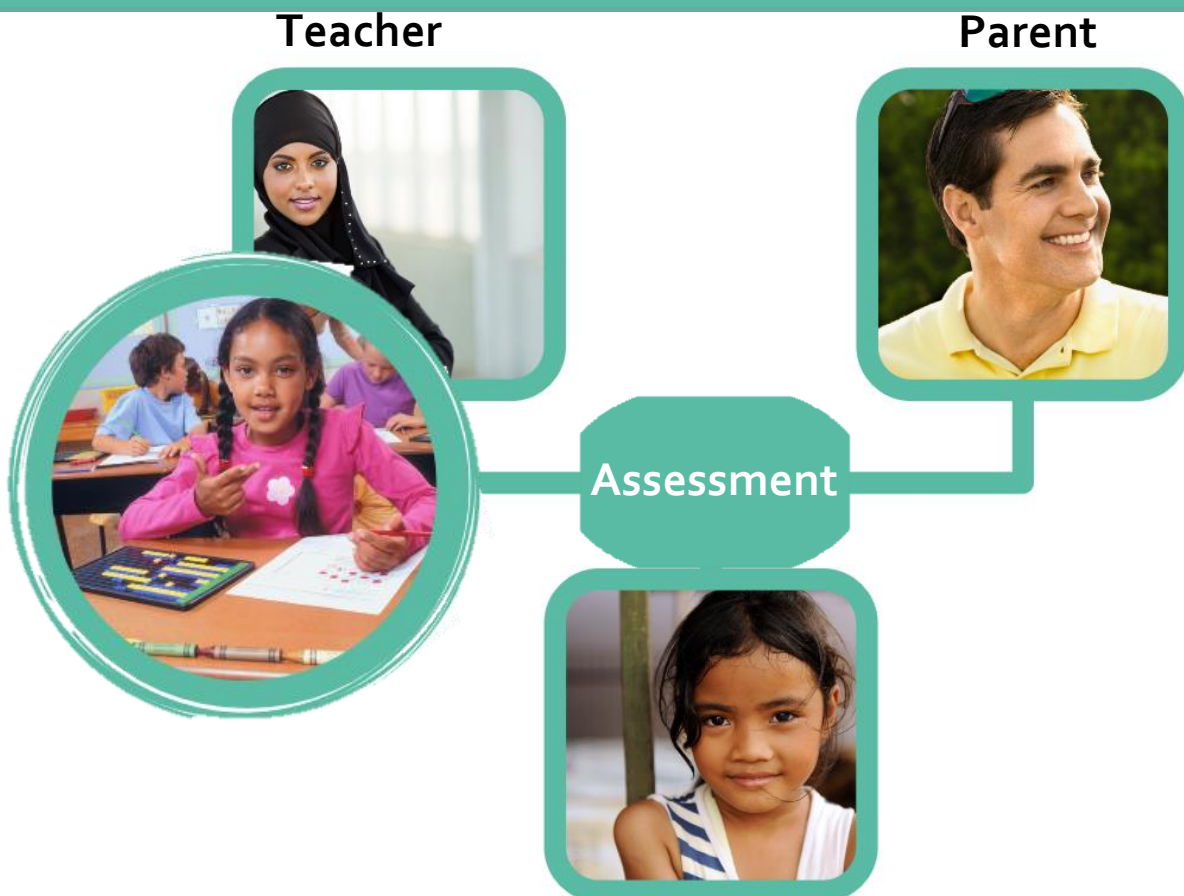
Unlike English and other languages, there is no universally accepted list of sight words that a child will be expected to automatically recall in Arabic. Although there has been research to suggest that a sight word list to aid with automatic recall of some words would be very beneficial for Arabic speaking children, there is no such list.

Assessors should use the template included on page 64 to compile a list of the most frequently encountered words in the reading curriculum. A list can be designed for each reading stage, if appropriate.

Children should be assessed on how many of these words they can read automatically. When assessing, use the list and tick off the words they can and cannot say. The results of this assessment will show you if the child needs additional support in securing automatic recall of these words.

Observations should include:

- Teacher observations: teachers should be recording all observations about how the child approaches their learning in the classroom setting. They should keep regular records about the education of each child
- Parent observations: parents should be asked for their opinion about their child's learning. They should be asked to comment on the areas they feel their child needs the most support. Parent's observations may or may not match those of the teacher
- Child's opinion: the child should be included in their own assessment of their learning needs. The child should have a say about what they think they find difficult in school and what they would like help with the most. The input of the child will be particularly important for developing specific learning targets.



Dyscalculia

Dyscalculia is a genetic, innate or developmental learning difficulty that affects a person's ability to acquire mathematical skills. Learners who have Dyscalculia may experience difficulties in understanding simple number concepts, may be unable to or have difficulties with learning number facts and procedures and they lack an intuitive grasp of numbers. Some people with Dyscalculia may be able to produce a correct answer or use a correct method but they may do so mechanically and without confidence as they have no way of knowing or checking if their answer is correct.

Dyscalculia is distinct from other mathematical difficulties that can occur because of a brain injury, in which case the correct term is Acalculia.

Dyscalculia can occur across all levels of intellectual ability. It can vary from person to person, and can affect people differently, particularly at different stages of their life. Dyscalculia is a lifelong condition that is assumed to be caused by a difference in the structure of the area of the brain involved in mathematics (Parietal Lobe).

Like Dyslexia, people who have Dyscalculia may perform better or be highly skilled in other areas of learning. The difficulties that people with Dyscalculia may face can

also be quite similar to the difficulties experienced by those with Dyslexia, such as, low confidence, poor working memory and sequencing issues.

How to identify Dyscalculia in children:

Please note that not all children with Dyscalculia will display all of these signs. The identification criteria listed below is not conclusive. If a child is struggling with other areas of mathematics not listed below you still should consider whether they have Dyscalculia. Those who have difficulty with mathematics because of a brain injury may also display some of these signs)

- Poor mental maths skills (unable to answer a mathematical problem quickly)
- Difficulties with reading, writing and recalling numbers
- Poor or lack of understanding about the function of mathematical symbols (\div , \times , $+$, $-$, $=$)
- Difficulty mastering maths facts and equations that are required to complete a calculation
- Difficulty with times tables
- Makes mistakes or number reversals (e.g. 6 instead of 9, 56 instead of 65)
- When completing a calculation, the child may leave out numbers or miss a calculation symbol
- Poor long-term memory or appears to be inconsistent: the child can do mathematical calculation one day but not the next
- Directional confusion: does not know left from right or may begin a calculation going in the wrong direction
- Poor working memory: may struggle to keep a score during games or may be unable to recall a sequence of numbers
- Difficulty with everyday tasks such as telling the time, using money and working out change, reading speed and temperature
- Difficulty distinguishing between numbers, signs and symbols
- Inability to grasp and remember mathematical sequences, rules, formulas and concepts

- Poor understanding of spatial orientation can cause difficulties in following maps or directions
- Some people can learn the sequence of counting but struggle to navigate counting back and forth, especially in twos, threes, fours, etc
- Some children may experience visual-spatial difficulties. This means that a child may understand the maths facts but experiences a difficulty in presenting them on paper in an organised way
- Difficulties in processing language. This means the child is unable to develop a clear understanding of mathematical vocabulary therefore does not know what the mathematical words represent.



Assessment for Dyscalculia (and other difficulties with mathematics):

There is no standard or universal tool to screen for Dyscalculia. A combination of assessments and observations are required prior to a diagnosis of Dyscalculia. The assessments will also help you to plan for and target areas of specific need in the child's education.

Assessments (which can be found on pages 65-78) can include:

- Number Awareness Assessments

Children with Dyscalculia may experience difficulties in number recognition, number recall, number sequencing, writing numbers, etc. Assessors can use their own materials to assess against these skills or they can choose to use or adapt the example assessments included with this guide. Assessors should be aware of the child's age and developmental stage when preparing the assessment. The

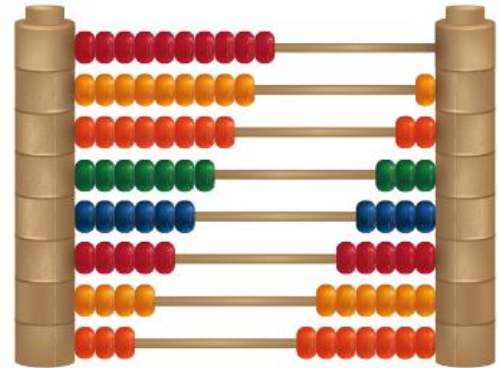


assessment results should be compared with what a child would normally be expected to do or know for their age or stage:

- Number recognition: use a number line (you can use a number line of your choice). Point to each number on the line and ask the child to read out the numbers. 1-10, 10-20, 20-30 and so on. Stop when the child struggles to give a response
- Number recognition: use number cards. Show the child a number card and ask the child to read out the numbers. Do not show the child the numbers in sequence but only show the numbers in sets of 10. For example, 2 then 5 then 1 then 9 then 3 then 8, then 4, then 6, then 10, then 7 before starting numbers between 10 and 20, and so on
- Number recognition: use the 'Matching Numbers' worksheet provided. Ask the child to find the number that matches. The assessor could also use number cards for this assessment to make it more interactive. You could also adapt the worksheet to present the child with fewer numbers
- Writing numbers: ask the child to write numbers 1 to 10. Call out each number separately. If the child can do 1-10, then continue to 20, then 30, and so on
- Writing numbers: ask the child to fill in the missing numbers from a number line or a number square
- Writing numbers: ask the child to copy out numbers 1-10, then 10-20, etc. Stop when the child makes more than three mistakes

- Writing numbers: call out random numbers one at a time. These numbers should increase. For example, 3, 24, 33, 48, 56, 87, 95, 100, 108, 111, 123, 176, 201, 223, etc. Stop after the child makes three errors in a row

- Number sequencing/counting: ask the child to verbally count forwards in ones, tens, fives, twos, etc. This should be done without any visual supports. Stop when the child struggles to automatically call out the correct number



- Number sequencing/counting: ask the child to verbally count backwards in ones, tens, fives, twos, etc. Stop when the child struggles to automatically call out the correct number
- Number sequencing: give the child a set of number cards. The number cards should not be in the correct order. Ask the child to sort out the number cards into the correct order
- Counting: set some objects or items in front of the child in a line (for example, coins, pencils, small toys, counters). Ask the child to count the objects or items. Observe how the child approaches this: do they use their fingers to touch count? Do they count using their eyes? Etc. Do this a few times until you are satisfied that you have an understanding of the child's ability to do this. If the child can count objects that are lined up, you should check if the child is able to count the objects when they are in no order. Set the objects or items randomly on the table in front of the

child. Ask the child to count the objects. Observe how the child approaches it this time

- Counting/number recognition: ask the child to match the number of dots or items with the correct number. This can be completed by using a predesigned worksheet or items and number cards. This activity will assess the child's ability to count correctly and match their answer to a written number.



- Calculation Assessments

Children with Dyscalculia may struggle to understand and carry out addition and subtraction calculations. They may not understand the meaning of calculation symbols or have the correct understanding of calculation vocabulary. Assessors can

use their own materials to assess against these skills or they can choose to use or adapt the example assessments included with this file. Assessors should be aware of the child's age and developmental stage when preparing the assessment. The assessment results should be compared with what a child would normally be expected to do or know for their age or stage:

- Calculation Symbols and Vocabulary: Show the child the + and – symbols. Ask the child to verbally tell you what they mean
- Calculation Symbols and Vocabulary / Early Calculation: show the child a small number of simple sums (for example, $1+2=$, $3-1=$, $1+1=$, $2-1=$). Ask the child to write the answers or tell you the answers. Ask the child to explain how they figured out the answer (their answer should include using the symbol as their guide). Check if the child did the calculation correctly

- **Calculation Symbols and Vocabulary:** prepare two large + and – symbols along with all the words that describe the calculation [+ plus, add, addition, count on, etc] and [- minus, take away, subtract, count back, etc]. Ask the child to sort the words and place them beside the correct symbol

- **Calculation Symbols and Vocabulary:** prepare a game of 'snap'. Make a set of playing cards with a mixture of symbols and words. Split the cards between the child and the assessor. Take turns to set a card down onto a



- pile in the middle. If two cards mean the same then the first person to put their hand on

the cards and say 'snap!' wins the cards (e.g. a plus card is set on top of a + symbol card)

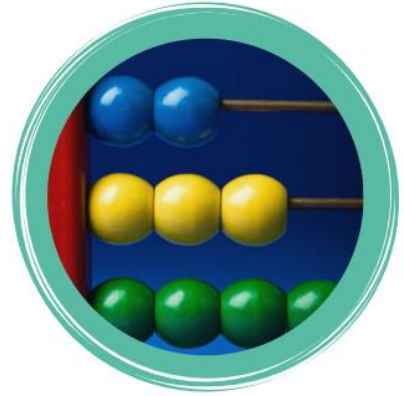


- **Number Bonds:** number bonds is the term used to describe the range of sums that can be used to make up one number. For example, to make '3' we can do four different calculations: $1+2=3$, $2+1=3$, $3+0=3$ and $0+3=3$. Use the prepared worksheet and ask the child to make some number bonds. The assessor can choose the starting number based on the age and needs of the child
- **Calculations:** ask the child to carry out a range of calculations differing in difficulty. Observe how they approach the task: do

they count on their fingers or on a number line? (If so, they will need help in developing mental maths skills); do they confuse the + and – symbols? Can they manage single, double or triple figures? Can they do vertical and horizontal calculations?

- Place Value Assessments

An understanding of Place Value is essential for understanding how to calculate numbers. Place Value is the value of each digit of a number. For example 234 can be split up into 200, 30 and 4 or two hundreds, three tens and four units. As there are numerous ways to assess knowledge and use of Place Value, the Assessor can choose to use the two Place Value Assessments included or they can design and use their own. The Assessor should consider doing some practical activities that will demonstrate the child's knowledge of Place Value



- Multiplication and Division Assessments

Some children with Dyscalculia may or may not be able to rhyme off or recall times tables. Although some children will find the recall of times tables easy they may not fully understand the function of multiplication. Children should be assessed against their understanding of multiplication (another way to do repeated addition), their vocabulary and knowledge of the multiplication and division symbols, and the tables they know:

- Knowledge of tables: this can be assessed through a written assessment or verbal recall. Ask the child to focus on one set of tables at a time. For example, start with two times tables, three times tables, four times tables, etc
- Knowledge of tables: call out random multiplication sums and ask the child to write down or verbally call out their answer.

Record their answers for each calculation and note if the child was able to recall the answer quickly or if they needed time to work it out

- Understanding of multiplication: assess whether or not the child understands that multiplication is the same as repeated addition. You can do this by using the worksheet provided, by talking to the child about multiplication or engaging in practical tasks such as using money or toys to demonstrate multiplication calculations.



Three groups of four

$$3 \times 4 = 12$$

- Problem solving and abstract thinking

Sometimes children with Dyscalculia can understand how to do basic mathematical calculations but cannot apply their knowledge to everyday problems or word problems. You should assess the child's ability to apply their mathematical knowledge to some simple word problems. If they are able to do these give the child a more challenging problem to solve. Again, please be mindful about the child's age, needs and ability:



- Word problems can be given to children in written form or verbally. You can choose if you would like the child to answer in written form or verbally

- **Vocabulary:** You should also assess the child's knowledge of mathematical vocabulary that is required to answer maths problems. Assessors can do this by matching words or problems to numbers (number words matched to numerals) and symbols (how many altogether means +). Assessors could also ask the child to highlight the important information in a word problem, for example:

Mohammad has **six** trees and his sister has **five** trees, **how many** trees do they have **altogether**?

The child will need to know the written words for each number and that the word 'altogether' means they have to add

- **Patterns:** ask the child to complete simple patterns. This can be done with physical objects (e.g, counters or shapes), numbers or shapes on a printed worksheet.

- **Spatial Awareness Assessments**

Spatial Awareness is knowing where your body is in relation to objects and other people. Spatial Awareness can be assessed in a number of ways:

- Ask a child to walk along a rope on the ground, then ask them to walk on the right side of the rope then the left side. Observe how they approach this and if they know right from left
- Use objects of different sizes. Ask the child to tell you which is bigger and smaller
- Use objects and ask a child to describe where you have placed them, e.g., on top of the table, under the chair. Be aware of the language the child uses to describe their placement



- Give the child some simple directions to follow. Have a start point and an end point in mind but do not disclose this to the child. Record your directions and the direction the child goes side by side. This will show you how well the child understood the directions
 - Ask the child to find three items that are 'under', three items that are 'over', three items that are 'in' and three items that are 'out'. Observe if the child understands the terms correctly
 - Assess the child's knowledge of shape and vocabulary. Do they recognise a square from a triangle, for example?
- Working Memory Assessments

Working Memory is the term used to describe the ability to remember and use relevant information while in the middle of an activity. For example, a person uses their working memory when they use a recipe to make a meal. The person has to read the recipe, remember the steps in the correct order, and

carry out the cooking tasks. Working memory is extremely important for children's learning and can be assessed in multiple ways:

- To assess a child's ability to remember the assessor could call out numbers and ask the child to recall the first three numbers of a 5-number sequence. This means that the child will have to remember what numbers come first, what the instructions are, and carry out the task. The assessor can increase the difficulty of this activity by adding more numbers or making the instructions more complicated
- The assessor could also play some memory games with the child such as:

- A card game with two players. Use a set of snap cards. Set the cards face down in the middle of the two players. Take turns to turn over two cards. The aim is to find a pair of matching pictures. When a match is found the player takes those cards. The person with the most cards at the end wins
- Set some objects on a table. Give the child one minute to look at the objects. Ask the child to turn away while you remove one or more objects. Ask the child to look at the objects again and tell you what is missing
- Tell the child a short sentence. Ask them to wait for a set amount of time (30 seconds, 1 minute, 2 minutes, etc) before they repeat the sentence to you.

Observations should include:

- Teacher observations: teachers should be recording all observations about how the child approaches their learning in the classroom setting. They should keep regular records about the education of each child
- Child's opinion: the child should be included in their own assessment of their learning needs. The child should have a say about what they think they find difficult in school and what they would like help with the most. The input of the child will be particularly important for developing specific learning targets
- Parent observations: parents should be asked for their opinion about their child's learning. They should be asked to comment on the areas they feel their child needs the most support. Parent's observations may or may not match those of the teacher.



General Learning Difficulties

Some children experience learning difficulties in all areas of their learning. These difficulties are not just difficulties with specific areas of the curriculum but rather they span across all areas of learning and the child's personal life. Children who fall under this category will learn at a much slower pace than their peers in all areas of the curriculum. Their progress and attainment will fall well below the



average of their peers. They will experience greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts.

How to identify General Learning Difficulty in children:



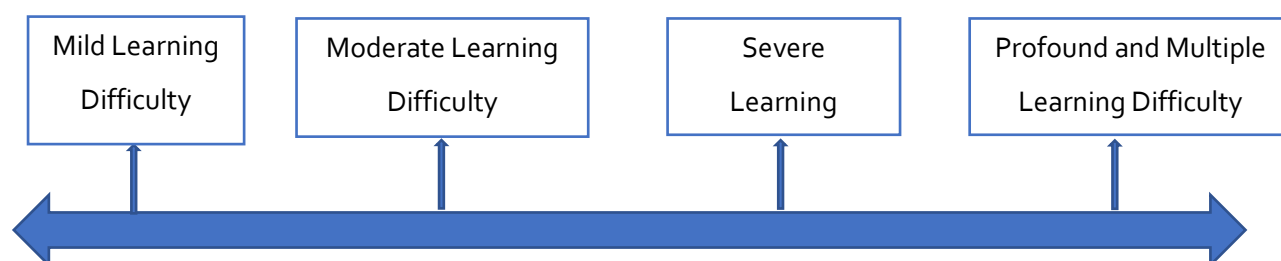
The following identifiers for General Learning Difficulty provide a broad overview of some of the difficulties children with this diagnosis may have. They focus on the aspects of General Learning Difficulties that can and may interfere with a child's learning. This list does not describe specific medical conditions and issues that may co-occur. Neither does it describe other difficulties that the child may experience that go beyond those that are experienced in a learning environment.

- Consistently struggles with all areas of the curriculum
 - Poor, limited or no problem solving skills
 - Difficulties in understanding basic concepts
 - Struggles to acquire basic literacy and numeracy skills
 - Low confidence in using and developing skills
 - Needs a lot of support to use and develop skills
 - Requires different teaching methods than those used to teach peers
 - Finds it difficult to apply learning
-
- Struggles to retain learning
 - Communication skills may be limited or communicated through alternative verbal or non-verbal methods
 - Some children may behave differently than their peers or their behaviour may be different than what is developmentally expected for their age
 - Some children may not understand social conventions and rules
 - Under- or over- stimulated by the sensory environment
 - Underdeveloped or poor social skills
 - Limited emotional understanding
 - Poor fine and/or gross motor skills



- Difficulty with personal care and/or unable to independently take care of own hygiene needs
- Some children may not be toilet trained
- Difficulty or inability to organise self and learning materials
- Poor visual, auditory, working and long-term memory.

This list is not exhaustive and the extent to which each child is affected by their learning difficulty will vary greatly from child to child. To explain the wide range of differing abilities that fall under the 'General Learning Difficulty' category the idea of a continuum of learning can be helpful in determining the educational needs of a child.



Mild Learning Difficulty

A child with a Mild Learning Difficulty can hold a conversation and is able to communicate most of their needs and wishes to another person. These children will need some support in acquiring literacy and numeracy skills and in understanding basic concepts. They are usually able to develop basic reading, writing and

mathematical skills. These children are often able to be quite independent with areas of self-care such as toileting and washing.

Moderate Learning Difficulty

A child with a Moderate Learning Difficulty usually has some language skills that allow them to communicate their needs and wishes to another person. Children may need some support with areas of self-care and can carry out everyday tasks with support. Their reading, writing and numeracy skills will be well below the average of their peers.



Severe Learning Difficulty

A child with a Severe Learning Difficulty usually has limited communication skills. Often these children will communicate their needs using basic words, sounds or gestures. Some children with a Severe Learning Difficulty will be non-verbal. These children will need a higher level of support with self-care needs. Children with a Severe Learning Disability may or may not be toilet trained. Some children will be able to look after some of their own personal care needs, for example, they may be able to wash their hands but unable to use the toilet. Others may learn to look after all of their own personal care needs following support. Some children will have additional medical or mobility needs that can impact their education and care. These children will experience great difficulty in acquiring reading, writing and mathematical skills.

Profound and Multiple Learning Difficulty

Children with a Profound Learning Difficulty will have a severely limited understanding of all areas of learning and personal life. Children with Profound and Multiple Learning Difficulties have great difficulty in communicating their needs and many do not have any verbal communication skills. Many children will express themselves through non-verbal means or, at most, using a few words or symbols. Some children may have multiple other disabilities which can include vision



impairment, mobility or physical disabilities, hearing impairments and epilepsy. Most children in this category have complex health needs that require extensive support. Children with Profound and Multiple Learning Difficulties will need extensive support with their learning.

Social, Behavioural, Emotional and Well-Being Difficulties



Children who fall under this category will experience difficulties with their social, emotional, behavioural and/or well-being needs. All children, across all levels of ability, can experience issues with their social, behavioural, emotional and well-being needs. Children with these specific difficulties may display problematic behaviours within the classroom, at home or in both environments. Their behaviour will appear to be different to their peers of the same age and may

extend from being disruptive and aggressive to quiet and withdrawn. The way they socialise, show their emotions and behave will be different than what is deemed to be acceptable for their age within the culture they live in. These difficulties will impact and can inhibit the child's learning and academic progress. In some cases, a child's difficulties can be exacerbated by circumstances within their learning environment, for example, there may be sensory issues, poor routine or poor peer relationships. For other children, the difficulties can be a result of childhood abuse, neglect, physical or mental illness, physical disabilities, a psychological trauma, a specific learning difficulty or a condition such as Attention Deficit Disorder or Attention Deficit and Hyperactivity Disorder or Autism.

How to identify Social, Behavioural, Emotional and Well-being Difficulties in children:

How Social, Behavioural, Emotional and Well-being difficulties displayed by each child is unique and does not necessarily follow a set pattern. Therefore, there are no criteria that can be appropriately applied to all children. The behaviours outlined below are there to help educators understand some of the behaviours that might be displayed by children with Social, Behavioural, Emotional and Well-being Difficulties. The list below is not conclusive and children with Social, Behavioural, Emotional and Well-being Difficulties will not display all of these behaviours.

- Bullying other children or being bullied
- Attention seeking behaviours
- Failure to complete tasks
- Poor educational achievement
- Risk aversion
- Engages in risky behaviours
- Feelings of low-self worth
- Age-inappropriate sexualisation
- Self-harm
- Low mood
- Signs of aggression / aggressive behaviour
- Vandalism
- Suicidal thoughts and behaviours
- Tearful or cries often
- Inappropriate emotional responses
- Unable to identify or communicate own emotions or feelings
- Easily annoyed or angered
- Refuses to follow rules or authority
- Places blame on other people
- Struggles to handle frustration
- Often nervous
- Throws temper tantrums
- Argumentative
- Difficulties with peer relationships
- Difficulties with relationships with adults (family, teachers, etc)
- General feelings of unhappiness
- Depressive
- Feelings of fear
- Anxiety
- Experiences panic attacks
- Often feels sick or complains of stomach aches.



Assessment for Social, Behavioural, Emotional and Well-Being

Difficulties:

Assessment for Social, Behavioural, Emotional and Well-being Difficulties should be much broader than looking for a set of behaviours. Assessment should look beyond the behaviours of the child and should include a thorough assessment of the child's learning and home environments. This will give educators a better understanding about the root of the difficulties and inform the educator about the best approach to support the child.

There is no universal assessment tool for Social, Behavioural, Emotional and Well-Being Difficulties and diagnosis relies on observed behaviours.

Assessment Tools can be found on pages 79-82 and can include:

- Social, Behavioural, Emotional and Well-Being Observation Record

This template provides assessors with a tool to record observed behaviours. Each time a child displays an unwanted behaviour, assessors should provide a brief description of the child's behaviour on this template. This description should include details about what happened before, during and after the incident. The template provides additional space to expand on these important areas:



Triggers: this space is for assessors to record anything that triggered the behaviour in the child. For example, walking into the classroom might result in screaming from a child or a child was asked to complete some written work so they cried. Triggers refer to everything that comes before the behaviour. Assessors should list as many possible triggers here as this will allow the assessor to see any patterns between triggers and behaviours. This is important as it will help teachers to better plan and prepare to meet the child's needs. For example, if a child cries every time they are asked to stop playing and sit down to do written work the teacher can help to prepare

this child for this transition by using a countdown system, which will reduce the upset experienced by the child.

Internal behaviours: this space refers to internalised emotions and behaviours the child may be demonstrating. Assessors would record withdrawal type behaviours here or concentration issues.



External behaviours: this space refers to any behaviours that the child outwardly demonstrates that the assessor can see. The assessor should record all physical behaviours here such as shouting, crying, hitting out, refusals to do something, etc.

Direct Consequences: this refers to everything that happens as a direct consequence of the child's behaviour. For example, hitting out may cause injury to a peer or a refusal to complete work means that the child has not finished their work.

Indirect Consequences: this refers to any consequence that occurred indirectly from the child's behaviours. This would include any consequences given to the child by the teacher such as punishments for the behaviour.

- Profile of influences of behaviour

The template on page 82 provides assessors with a space to record any factors or triggers that influence the child's behaviours. It will provide the teacher with an overview they can use to plan for the child's needs. This

profile should be completed after a number of observations and discussions with the parent, teacher and child.

Other Observations could include:

- Teacher observations: teachers should be recording all observations about how the child approaches their learning and peers in the classroom setting. They should keep regular records about the education of each child
- Child's opinion: the child should be included in their own assessment of their learning and behaviour needs. The child should have a say about what they think they find difficult in school and what they would like help with the most. The input of the child will be particularly important for developing specific learning targets
- Parent observations: parents should be asked for their opinion about their child's learning and behaviours. They should be asked to comment on the areas they feel their child needs the most support. Parent's observations may or may not match those of the teacher.



Attention Deficit and Hyperactivity Disorder (ADHD)

Attention Deficit and Hyperactivity Disorder is a developmental condition that is characterised by hyperactivity, inattentiveness and impulsiveness. This means that children with ADHD can struggle to plan, focus on, and execute tasks.

The American Psychiatric Association has identified three types of ADHD:

- The child may be inattentive but not impulsive or hyperactive
- The child may be impulsive and hyperactive but is able to pay attention
- The child may be hyperactive, impulsive and inattentive. (This is the most common type of ADHD.)



How to Identify Attention Deficit and Hyperactivity Disorder in Children:

As Attention Deficit and Hyperactivity Disorder is considered to be a medical condition, and only a medical professional can officially diagnose a child with this condition.

The diagnostic criteria outlined below are provided to help an assessor or teacher who suspect that the child may have ADHD.

Inattentive ADHD

To be diagnosed as this type the child must display at least six out of the nine criteria listed below:

- Lack of attention to detail
- Appears to not be listening
- Fails to keep on task and pay attention to the task
- Easily distracted
- Forgetful
-
- Often loses the things that are needed to complete a task
 - Avoids tasks that involve effort
 - Makes careless mistakes (fails to check over work, rushes to complete work without caring that it is correct)
 - Unable to follow or understand instructions.



Hyperactive-Impulsive ADHD

To be diagnosed as this type the child must display at least six out of the nine criteria listed below:

- Often fidgets
- Will move around when they should be still (e.g. squirms on their chair)
- Standing up frequently from their seat
- Talks a lot and talks when they should not be talking
- Interrupts others when they are talking
- Always moving around
- Climbs or runs inappropriately (i.e. when they should be able to determine that they are required to walk not run)
- Struggles to play quietly
- Does not wait for their turn.



Combined ADHD

This is the most common type of ADHD. People with this type will have symptoms across both Inattentive ADHD and Hyperactive-Impulsive ADHD.

Assessment for Attention Deficit and Hyperactivity Disorder

There is no universal diagnostic assessment or tool to diagnose Attention Deficit and Hyperactivity Disorder. Diagnosis usually comes after a period of observations of the child within a class setting. These observations will provide the assessor and teacher with the evidence required to complete a check list for the diagnosis of Attention Deficit and Hyperactivity Disorder.

Assessment tools for Attention Deficit and Hyperactivity Disorder can be found on pages 83-85 and can include:

- Attention Deficit and Hyperactivity Disorder Checklist

This checklist will help to determine if a child has Attention Deficit and Hyperactivity Disorder.

- Observation Record

The Observation record should be used by assessors and teachers to record any incidents where the child displays behaviours that would be considered to be typical of a child with Attention Deficit and Hyperactivity Disorder. The recorded observations will help to justify the ticked boxes on the checklist and will provide the assessor with evidence to defend the diagnosis.

Other Observations should include:

- Child's opinion: the child should be included in their own assessment of their learning and behaviour needs. The child should have a say about what they think they find difficult in school and what they would like help with the most. The input of the child will be particularly important for developing specific learning targets

- Parent observations: parents should be asked for their opinion about their child's learning and behaviours. They should be asked to comment on the areas they feel their child needs the most support. Parent's observations may or may not match those of the teacher.



Autism

Autism is not automatically considered to be a special educational need unless it interferes with the child's access to education.

Autism is a developmental, life-long condition which affects how people communicate and interact with others, and the world around them. It is characterised by a triad of difficulties in social communication, social interaction and repetitive or restrictive behaviours and thoughts. Some people with Autism will also experience sensory differences.



Autism is not a disease or an illness and it cannot, therefore, be cured. It is a spectrum condition meaning that while autistic people will share some difficulties, they will be affected in different ways. Some autistic people may also have co-occurring medical conditions, learning difficulties, mental health issues or other difficulties. These additional needs can also affect the amount of support required by an autistic person.

All children with Autism will learn and develop with the right support, but this may be at a different rate to their peers.

How to identify Autism in children:

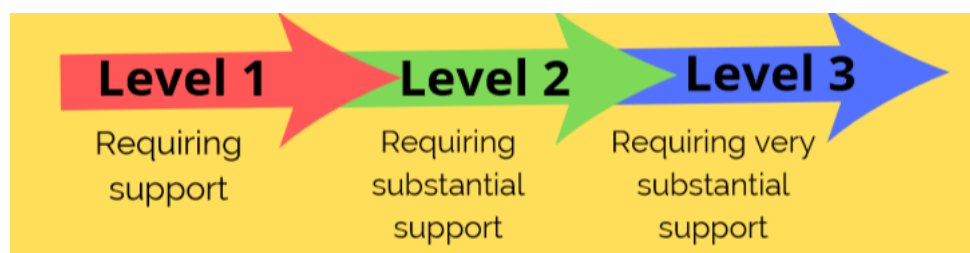
The most used and recognised diagnostic criteria for Autism is found within the fifth edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM-5). DSM-5 describes five broad criteria and outlines a scale of severity level.

Diagnostic Criteria in DSM-5

- A. Children display persistent difficulties in social interaction and social communication across multiple contexts, for example (these examples are illustrative and not exhaustive):

1. Differences in social-emotional reciprocity. For example, the child will take a different social approach compared to peers; the child does not share emotions (it does not mean the child is not emotional); the child does not respond to social interactions
 2. Differences in non-verbal communicative behaviours. For example, lack of eye contact; struggles to read other people's body language; poor understanding of gestures
 3. Difficulties in understanding relationships.
- B. Children display repetitive or restrictive patterns of behaviour, attitudes or activities. For example, (these examples are illustrative and not exhaustive):
1. Repetitive use of speech or motor movements. For example, using the same phrases, lining up toys or moving objects
 2. Prefers things to stay the same or appears to be inflexible about changing routine. May show distress with changes or transitions
 3. Intense or fixated interests. For example, having a strong attachment to objects or interests
 4. Hyper- or hypo-reactivity to sensory input or child may have different interests in the sensory aspects of the environment in comparison to peers.
- C. Differences must be present from the child's early development
- D. Differences cause significant impairment in social, occupational and other important areas of life
- E. The differences are not better explained by a learning difficulty or other developmental delay. However, be aware that autism and learning difficulties frequently co-occur. If this is the case, to diagnose the child with autism, the child's social communication should be below that expected for the child's developmental level.

Severity levels for autism:



Recognising a child with Autism in a classroom setting:

The examples below are illustrative and demonstrate how the above criteria translates in a classroom setting. Children may only demonstrate a handful of these behaviours. The child may:

- Experience difficulties in making and keeping friends
- Take longer to process information
- Be unaware of social rules and may talk at someone rather than having a reciprocal conversation
- Expect others to adhere to game rules and gets upset when they do not
- Dislike change of routine or changing from one activity to another
- Dislike change of décor in the classroom
- Enjoy jumping, spinning or flapping hands
- Display anxious behaviours
- Be unaware of danger
- Appear to be average or above average in intelligence but is unable to apply their intelligence to their academic work
- Have intense interests or obsessions e.g. may only want to talk about or play chess
- Demonstrate ritualistic behaviours or repetitive play that impacts their ability to take part in the school day
- Not make eye contact or display inappropriate eye contact, such as, staring
- Struggle to verbally communicate and some children may not talk at all
-

- Have a high sensitivity to some sensory stimuli and low sensitivity to other sensory stimuli
- Behave aggressively towards others
- Have meltdowns
- Behave in a self-injurious way e.g. biting self, hitting self, etc
- Struggle to organise or prioritise
- Struggle to engage in imaginative play
- Not draw others' attention to objects or events e.g. a peer falls over but the child walks away and does not inform an adult.

Assessment for Autism:

There are numerous assessments that have been designed to detect Autism. However, there is no universally accepted assessment and much of the diagnostic process relies on observations of the child and their presentation at home, in the community and within the classroom.

Assessment tools:

- Autism Observation Record

The record on page 87 should be completed by individuals in frequent and direct contact with the child (parents, teachers and other professionals). It will provide a detailed overview of all of the areas the child struggles with for each category of the diagnostic criteria. It will provide assessors with evidence to make a diagnosis.

Where possible, other observations should include:

- Teacher observations: teachers should be recording all observations about how the child approaches their learning in the classroom setting. They should keep regular records about the education of each child
- Child's opinion: the child should be included in their own assessment of their learning needs. The child should have a say about what they think they find

- difficult in school and what they would like help with the most. The input of the child will be particularly important for developing specific learning targets
- Parent observations: parents should be asked for their opinion about their child's learning. They should be asked to comment on the areas they feel their child needs the most support. Parent's observations may or may not match those of the teacher.





Record of Need

Once the assessor has determined the educational needs of the child or young person the assessor will complete a Record of Need. This will outline the child's specific difficulties and their diagnosis. It will contain some recommendations for the types of support required for the child's needs. This document should be comprehensive and should outline the results of all of the child's

assessments and any additional needs that may have an impact on the child's education, such as, medical needs.

When written, the parent and teacher should have an opportunity to review the Record of Need to ensure it is suitable and appropriate for their child. The teacher and parent may request changes to the Record of Need.

The Record of Need should be reviewed on a yearly basis by the Assessor, teacher and parent. This should be assessed against the child's achievements and current needs. The Assessor can decide to carry out further assessments if needed.

Individual Education Plan

When teachers receive the Record of Need from the Assessor they need to use this information to complete an Individual Education Plan for the child. This education plan should focus on no more than three education targets that the teacher, parent and child would like the child to be able to achieve over a period of ten weeks. These targets must be related to the Record of Need and considered to be achievable, following specific focus on them, by the child.

The teacher should work in consultation with the parent and the child about the targets that are chosen.

All targets should be specific and measurable so that the child's success can be evaluated at the end of the ten-week period.

Once the Individual Education Plan has been written the teacher should use it to guide their lesson planning for the next ten weeks. Although the child will have

specific targets to meet, the teacher should also be aware that the child should not miss out on learning the same curriculum as their peers.

Following the ten-week period the teacher, parent and child should review the Individual Education Plan and check if the targets have been met. When reviewing the Individual Education Plan it is good practice to have evidence to support any claims that a child has or has not achieved their target. This evidence could include completed worksheets, photographs or written observations and it should be attached to the education plan prior to storing it in the child's file.

A new plan should be written after the previous one has been reviewed. If the child has not met the targets the teacher, parent and child can choose to continue with the same targets or change them to ensure they are more achievable.

Dyslexia Assessments



Alphabet Sequencing Assessment

A large arch-shaped template for an alphabet sequencing assessment. The arch is composed of 26 empty rectangular boxes arranged in a semi-circle, with 13 boxes on each side of the central peak. The boxes are intended for students to write the letters of the alphabet in sequence, starting from the left and moving towards the right.

Sequencing Assessment (Days of the Week and Seasons Cards)

Monday

Tuesday

Wednesday

Thursday

Friday

Sunday

Saturday

Winter

Summer

Autumn

Spring

Writing Assessment

Task	Example of answer	Observations and comments
<p>Ask the child to write their own name.</p> <ul style="list-style-type: none"> Is it spelt correctly? Use of upper- and lower-case letters? Do they write their full name or part of their name? 	<p>Name: Mohammad Alam</p> <p>Mohamed Allam (not spelt correctly)</p> <p>MoHammAD allam (incorrect use of upper- and lower-case letters.</p> <p>Mohammad (no second name included)</p>	
<p>Ask the child to write the alphabet.</p> <ul style="list-style-type: none"> Have they written it in the correct sequence? Did they use upper- or lower- case letters or a mixture of both? Any letter reversals? Did they leave out any letters? 		
<p>Larger piece of writing:</p> <p>Ask a child to write a short paragraph about something of interest to the child. This interest could include their hobbies, their family or what they did on their days off school. Provide some space for the the child to draw a picture that they think is related to what they have written.</p>		

Assessment criteria	Example of answer	Observations and comments
<p>Approach to writing task:</p> <ul style="list-style-type: none"> Does the child understand what they have been asked to do? Does the child express their thoughts and ideas clearly in their writing? How did the child behave when they were asked to do the writing task? Reluctant? Enthusiastic?) 		
<p>Word choice:</p> <ul style="list-style-type: none"> Does the child use a broad range of vocabulary including adjectives, verbs and nouns? Do the child's word choices reflect what they are trying to convey? 		
<p>Punctuation:</p> <ul style="list-style-type: none"> Does the child use appropriate punctuation in their writing? Is the use of punctuation correct and/or appropriate? 		
<p>Spelling:</p>		

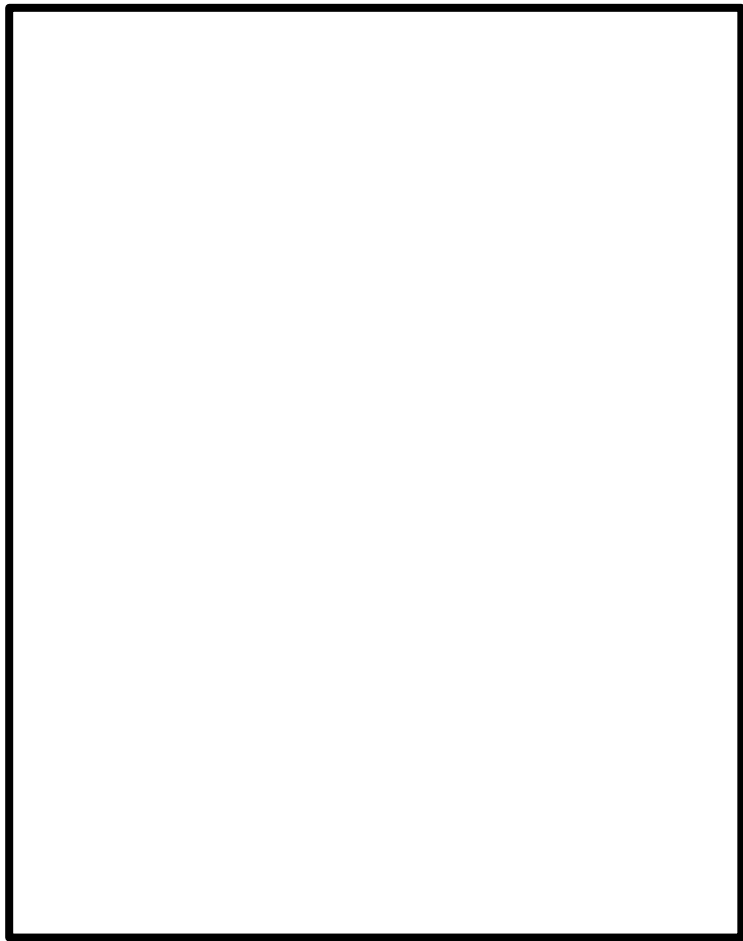
<ul style="list-style-type: none"> • Does the child demonstrate use of phonics knowledge? • Are most words spelt correctly? • Are there any recurring mistakes? • Does the child reverse any letters? 		
<p>Handwriting:</p> <ul style="list-style-type: none"> • What is the child's hand preference: left, right or both? • Is the child's pencil grip correct? • Has the child positioned the paper appropriately? • Layout of work on the page (spacing correct, where did the child begin their writing, etc?) • Letter formation and size of writing (this is an indicator of good or poor fine motor skills). 		
<p>Picture:</p> <p>This assesses the child's comprehension skills.</p> <ul style="list-style-type: none"> • Does the picture relate to what the child has written? • Does the picture provide more detail or less detail? 		

<p>Oral Description:</p> <ul style="list-style-type: none">• Is the child able to better explain orally than in written form?• Does the child add or omit information when telling you about what they wrote?		
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My name is _____

I am writing about _____



Phonological Awareness Assessment

1. Manipulating Sounds / Deletion of Sounds:

Children who have dyslexia and weak phonological skills will struggle to complete this task. This is because the child is being asked to hold a sequence of sounds in their heads then change them.

Instructions	<p>Choose 3 sounds (these sounds can be random or can form a word) and ask the child to listen to you while you say the sounds slowly e.g. b - a - t</p> <ol style="list-style-type: none"> 1. Ask the child to close their eyes and repeat to you the three sounds 2. With their eyes still closed ask the child to recall the first and last sound 3. With their eyes still closed ask the child what sounds would be left if you took away the first sound. 	
Sounds given to child	Sounds the child responded with	Comments
	1.	
	2.	
	3.	
	1.	
	2.	
	3.	
	1.	
	2.	
	3.	

2. Auditory Discrimination

Children with dyslexia may struggle to discriminate between two words that contain similar sounds.

Instructions	<p>Ask the child to turn away from you while you read them some words. This is to ensure that the child has no clues and uses only their hearing.</p> <p>Explain to the child that you are going to read them two words. The child has to tell you if the two words you have read are the same. For example, 'man man', or different 'man men'.</p> <p>The chosen words must look and sound similar.</p>	
Words read to child	Child's response	Comments
	<p>Words are the same <input type="checkbox"/></p> <p>Words are different <input type="checkbox"/></p>	
	<p>Words are the same <input type="checkbox"/></p> <p>Words are different <input type="checkbox"/></p>	
	<p>Words are the same <input type="checkbox"/></p> <p>Words are different <input type="checkbox"/></p>	

3. Understanding of Rhyme

Children with dyslexia can find it difficult to identify words that rhyme with other words.

Instructions	Assessment 1		
	Ask the child to listen to you saying two words. The child has to identify if the words rhyme or not. You should use a mixture of rhyming pairs and non-rhyming pairs. Eg, man pan / man Fit.		
Words used	Child's response	Additional comments	
Instructions	Assessment 2		
	Ask the child to listen to you saying three words. Two of the words should rhyme and one should not. The child has to choose the two words which rhyme.		
Words Used	Child's response	Additional comments	

4. Phoneme blending

Children with dyslexia can find it difficult to put sounds together to make a word. Some people might miss out or forget a sound (issues with sequencing); some may match the sound to the wrong letter symbol; some may forget the sounds completely and say a different word; or some people may remember all of the sounds but confuse the sequencing of sounds.

Instructions	<p>Tell the child that you are going to talk like a robot and say some sounds that can go together to make a word. The child has to listen to the sounds and say the word. The child should not just repeat the sounds back to you.</p> <p>E.g. M - a - n = man G - i - r - l = girl</p>
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Sounds given to child	Word child says	Comments

5. Phoneme isolation

Children with dyslexia can find it difficult to hear the separate sounds in a word and are unable to break a word down into separate sounds.		
Instructions	Tell the child that they are going to talk like a robot and break down some words into sounds. They will listen to you say a word then repeat back to you the sounds from that word. For example, you say 'pen' and the child should say 'p - e - n'.	
Words spoken to child	Sounds child says	Comments
Instructions	Tell the child that you are going to read some words to them. When you finish reading the word the child should tell you what the first letter sound of the word was. For example, 'rabbit' = r	
Words spoken to child	Sounds child says	Comments
6. Division of syllables		

Children with dyslexia can find it difficult to hear the separate syllables in a word and are unable to break a word down into separate syllables.

Instructions	Tell the child that they are going to talk like a robot and break down some words into sounds. They will listen to you say a word then repeat back to you the sounds from that word. For example, you say 'pen' and the child should say 'p - e - n'.
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Words spoken to child	Sounds child says	Comments

Reading Assessment: Accuracy, Speed and Understanding

Instructions:

1. Choose around 100 – 200 words from a text book or a reading book
2. Tell the child that they are going to read a text book or reading book out loud to you
3. Explain that while they are reading you will be checking that the words they read are correct and that you cannot help the child with the words.
4. When you are happy for the child to begin reading start the timer. Turn the timer off when the child has finished reading. This will give you the child's reading speed.

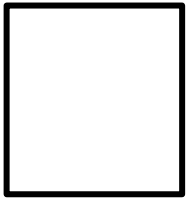
You will need a timer and a copy of the words that the child is reading. You will need to write on this copy so you may need to type out your own copy of the text or make a photocopy of the text.

On your copy of the text you will follow the words as the child reads. You will tick off each word the child has read correctly. Where the child makes a mistake you will need to record this on the text then copy into the table below. You need to record any words that are omitted, added, reversed, mispronounced and words the child has substituted for the word on the copy of the text.

Mispronounced and real word	Substituted word and real word	Added words	Omitted words	Reversed words	
					Total Errors
Error Count:					
Reading Accuracy %: Number of errors _____ ÷ Number of words in text _____ = _____ x 100 = _____ Take away the answer from 100 for Reading Accuracy percentage					
Too Easy: 95%-100% Instructional (challenging for reader but not too hard): 90%-94% Too hard: 89% or less					
Reading speed in seconds:		Divide the number of words by the number of seconds. Then multiply by 60 to get the number of words per minute (wpm).			wpm

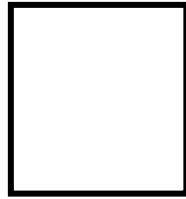
Initial Sounds and Letter Recognition Assessment

Instructions: Write a letter or sound in the boxes below. Show the letter or sound to the child and ask them to tell you what letter and/or sound they think it is. Record their answer below the letter/sound box.



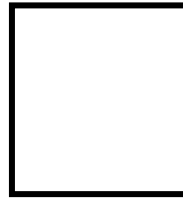
Letter: _____

Sound: _____



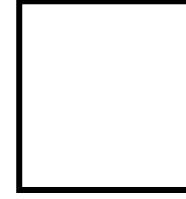
Letter: _____

Sound: _____



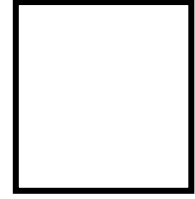
Letter: _____

Sound: _____



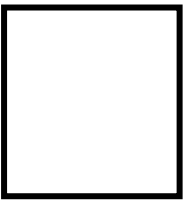
Letter: _____

Sound: _____



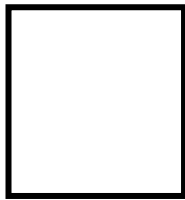
Letter: _____

Sound: _____



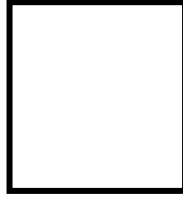
Letter: _____

Sound: _____



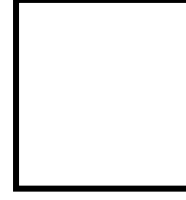
Letter: _____

Sound: _____



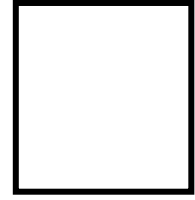
Letter: _____

Sound: _____



Letter: _____

Sound: _____



Letter: _____

Sound: _____

Observations:

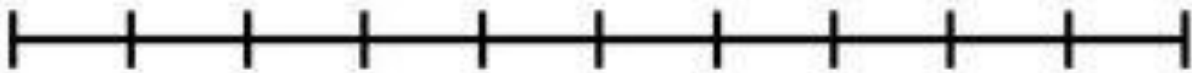
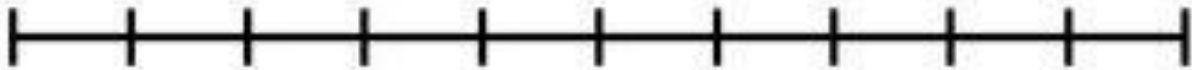
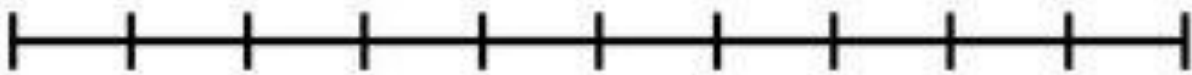
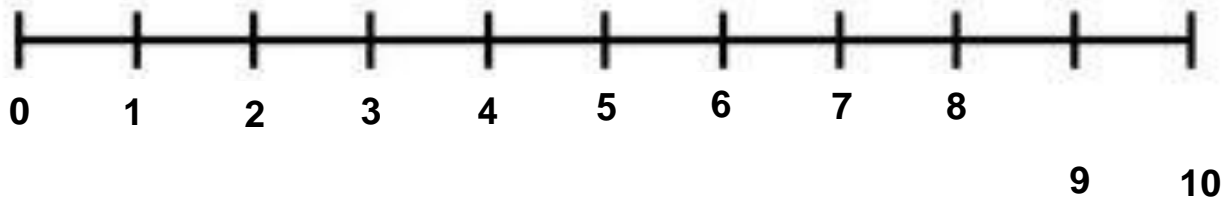
Sight Words Assessment

Dyscalculia Assessments



Reading Numbers Assessment

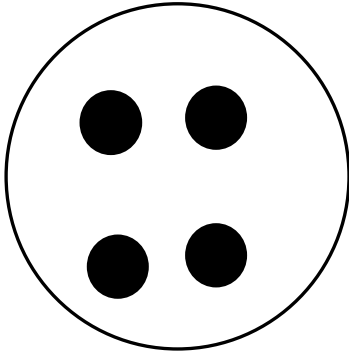
Instructions: Use a number line (you can use a number line of your choice). Point to each number on the line and ask the child to read out the numbers. 1-10, 10-20, 20-30 and so on. Stop when the child struggles to give a response. Use the number line templates below to record the child's response

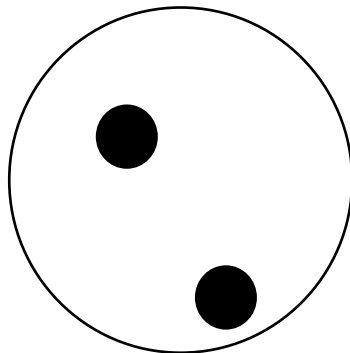


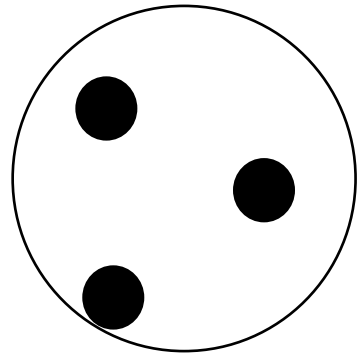
Observations:

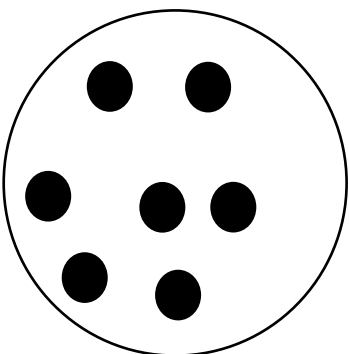
Counting Assessment

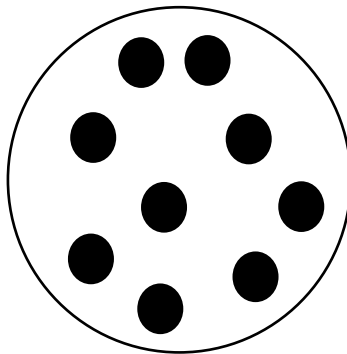
Count the number of dots in each circle then write your answer on the line under the circle.

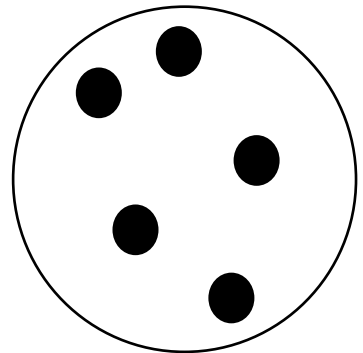


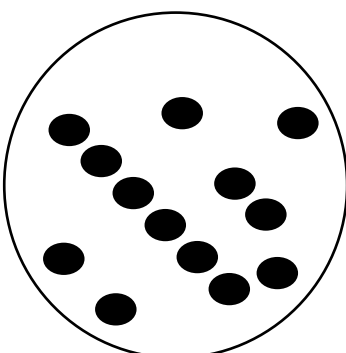


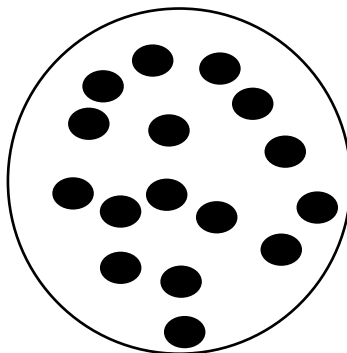


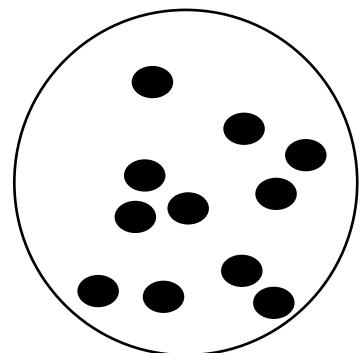












Matching Numbers Assessment

1. Find the matching number:

9 | 5
9 | 9
5 | 5

6 | 2
3 | 3
6 | 6

7 | 8
8 | 8
7 | 7

2. Draw a line to make a pair:

2

1

4

2

6

3

1

4

3

5

5

6

7

7

9

8

10

9

8

10

3. Find all the number 2s and draw a circle around them:

6 3 2 2 3 6 6 4 6 2 2 6 7 2 9 9 5 2

4. Find all the number 7s and draw a circle around them:

7 8 7 8 9 5 7 8 6 5 3 7 8 7 7 2 6 7

5. Find all the number 10s and draw a circle around them:

10 10 1 10 10 0 1 2 10 3 10 1 7 10 10

6. Find all the number 9s and draw a circle around them:

9 5 5 5 9 9 1 2 5 9 1 7 5 5 7 5 8 9

Dyscalculia / Mathematical Ability Assessment Record

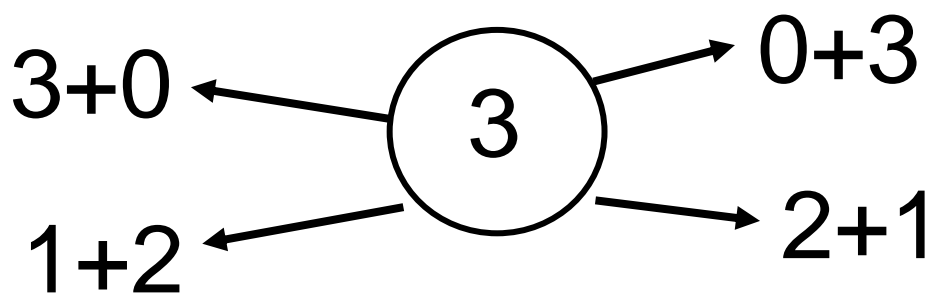
Area of focus		Results of Assessment Activities	Summary of support needs
Number Awareness	Number Recognition		
	Writing Numbers		
	Number Sequencing		
	Counting		
Calculation	Calculation Symbols and vocabulary		
	Early Calculation Skills		
	Number Bonds		
	Doubles		

Place Value	Knowledge of Hundreds, tens and units		
	Ability to use hundreds, tens and units		
Multiplication and Division	Multiplication and Division Symbols and Vocabulary		
	Understanding of process of multiplication (repeated addition, reverse multiplication)		
	Understanding of process of division		
	Known Tables		
Problem solving and abstract thinking	Able to use and understand mathematical vocabulary		
	Ability to solve a mathematical word problem		
	Patterns		

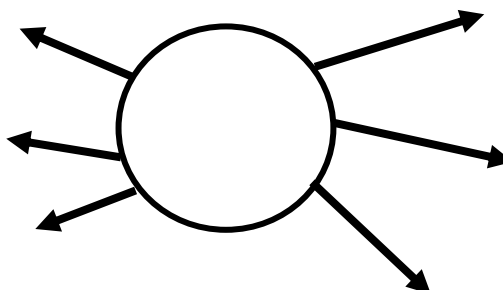
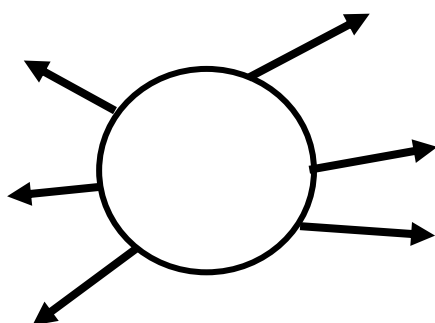
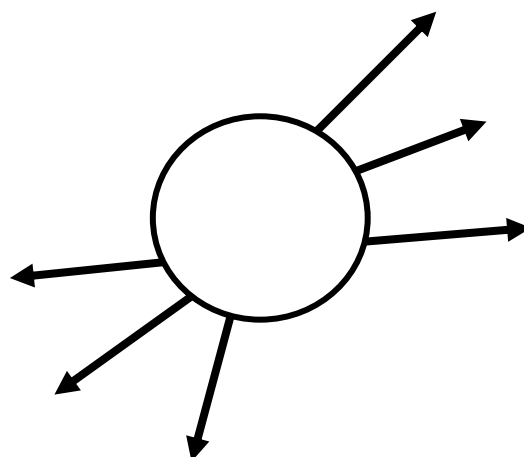
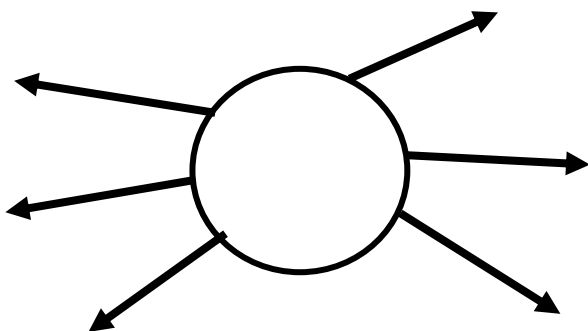
Spatial Awareness	Ability to manipulate space		
Spatial Awareness	Awareness of distance		
	Awareness of measurements / Amounts		
	Direction		
Working Memory			
Other:			

Number Bonds Assessment

Use the spiders below to make some Number Bonds. Number Bonds is the term that is used to describe all of the calculations that can be used to make one number. An example is shown below. The example is focusing on the number 3 and all of the addition sums that make 3:



Complete the spiders below. Add in legs if you need to:



Place Value Assessment

Put the different parts of the number together to make a whole number:

Example: <div>100</div> <div>50</div> <div>6</div>	<div>100</div> <div>20</div> <div>3</div>
Answer: 156	Answer
<div>200</div> <div>40</div> <div>4</div>	<div>300</div> <div>4</div>
Answer:	Answer:
<div>5</div> <div>500</div> <div>60</div>	<div>80</div> <div>7</div>
Answer:	Answer:

--	--

Place Value Assessment

Break down these numbers into hundreds, tens and units

<div> <div>23</div> <div>↙ ↘</div> <div>Tens Units</div> <div>2 3</div> </div>		<div> <div>673</div> <div>↙ ↘ ↘</div> <div>Hundreds Tens Units</div> <div>6 7 3</div> </div>	
45		432	
Tens Units		Hundreds Tens Units	
53		127	
Tens Units		Hundreds Tens Units	
28		387	

Tens

Units

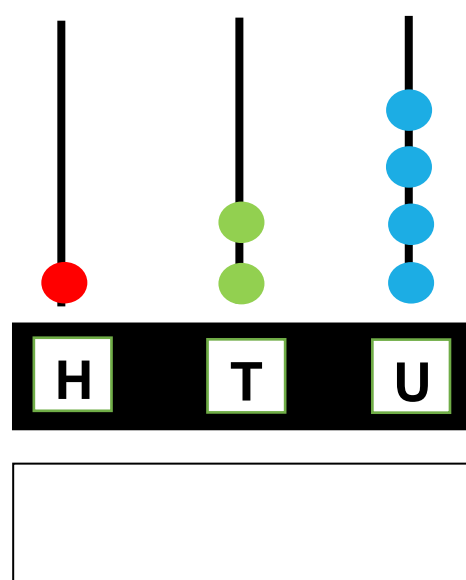
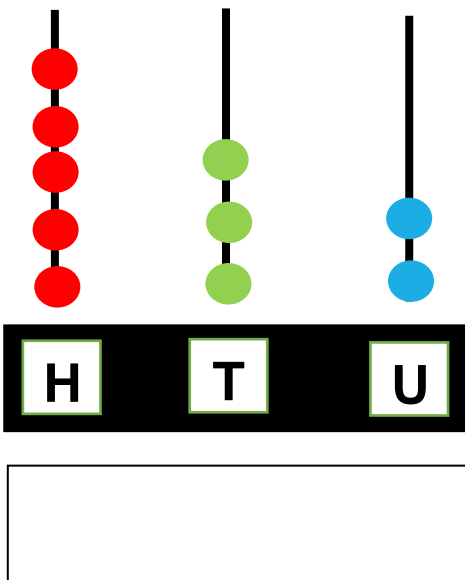
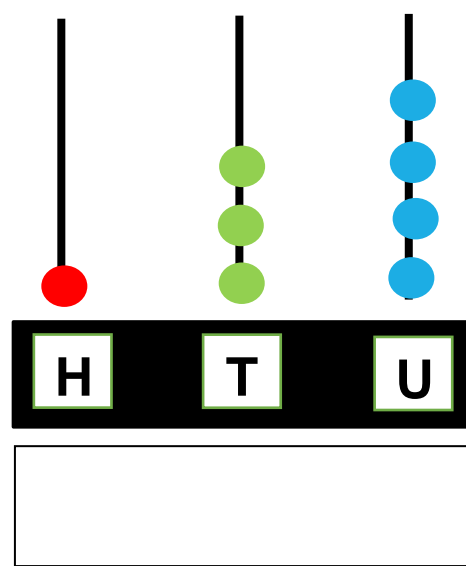
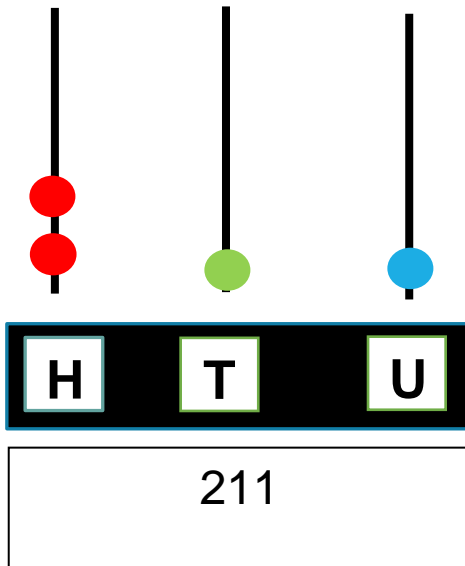
Hundreds

Tens

Units

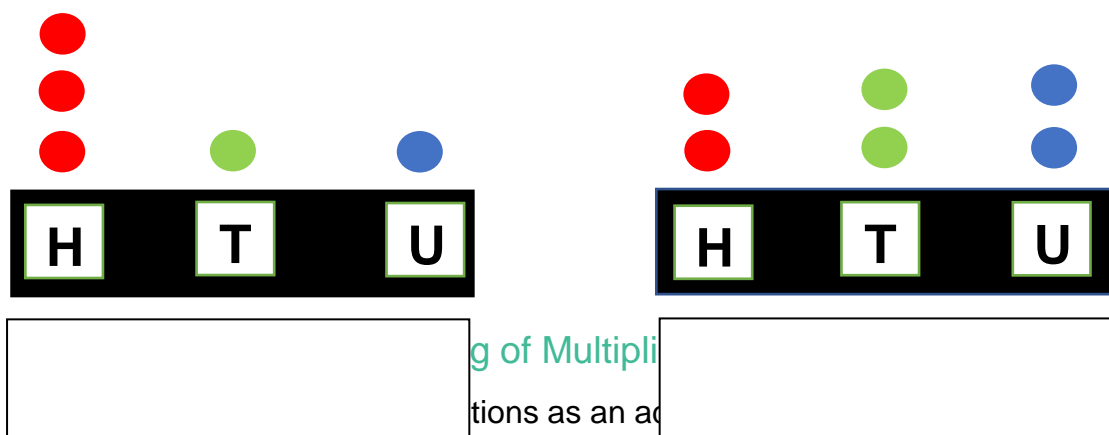
Place Value Assessment

Write the correct number below the Place Value frames.



79





Example: $5 \times 3 = 15$

$5 + 5 + 5 = 15$

1. $4 \times 3 =$

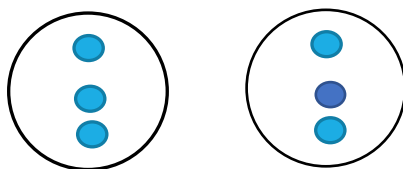
2. $6 \times 5 =$

3. $10 \times 10 =$

4. $3 \times 9 =$

Show how to do multiplication calculations using groups:

Example: $2 \times 3 = 6$



I have drawn two groups of three.

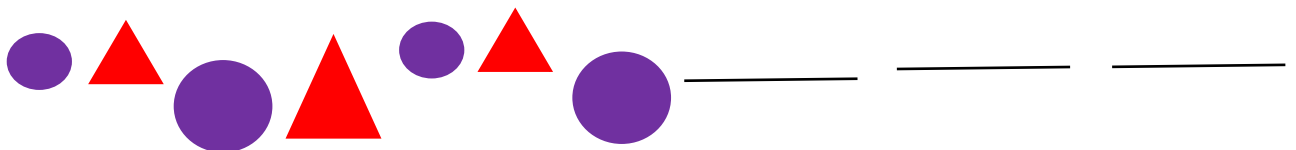
On a separate page, draw groups for these calculations:

1. 3×6

2. 5×2
3. 6×2
4. 7×7
5. 8×4

Patterns Assessment

Complete the patterns below



2, 4, 6, 8, 10, _____

1, 2, 3, 4, 5, _____

0, 3, 6, 9, 12, _____

2, 3, 2, 4, 2, 5, _____

1, 2, 4, 8, 16, 32, _____

25, 50, 75, 100, _____

Social, Behavioural, Emotional and Well- Being Difficulties Assessments



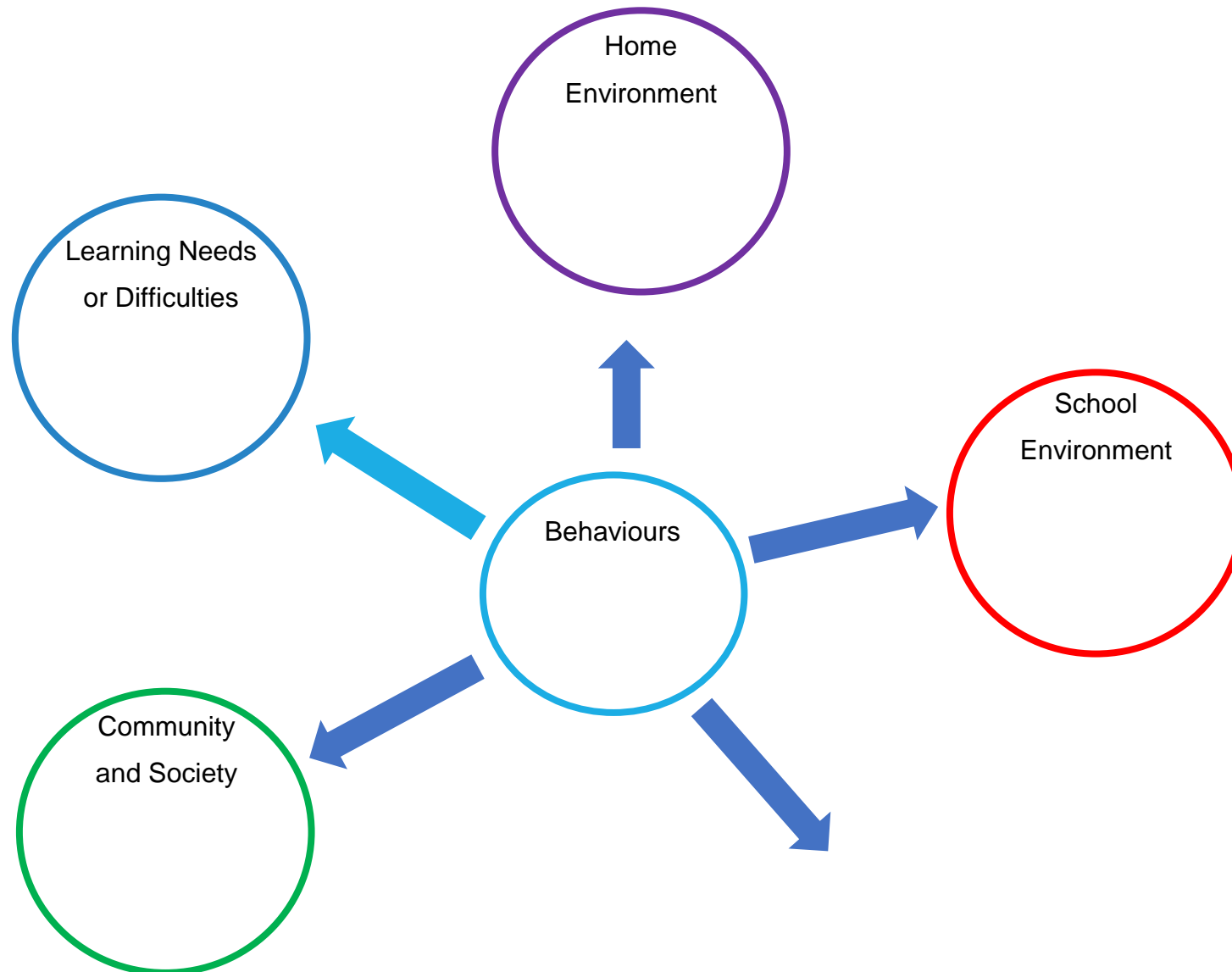
Social, Behavioural, Emotional and Well-Being Observation Record

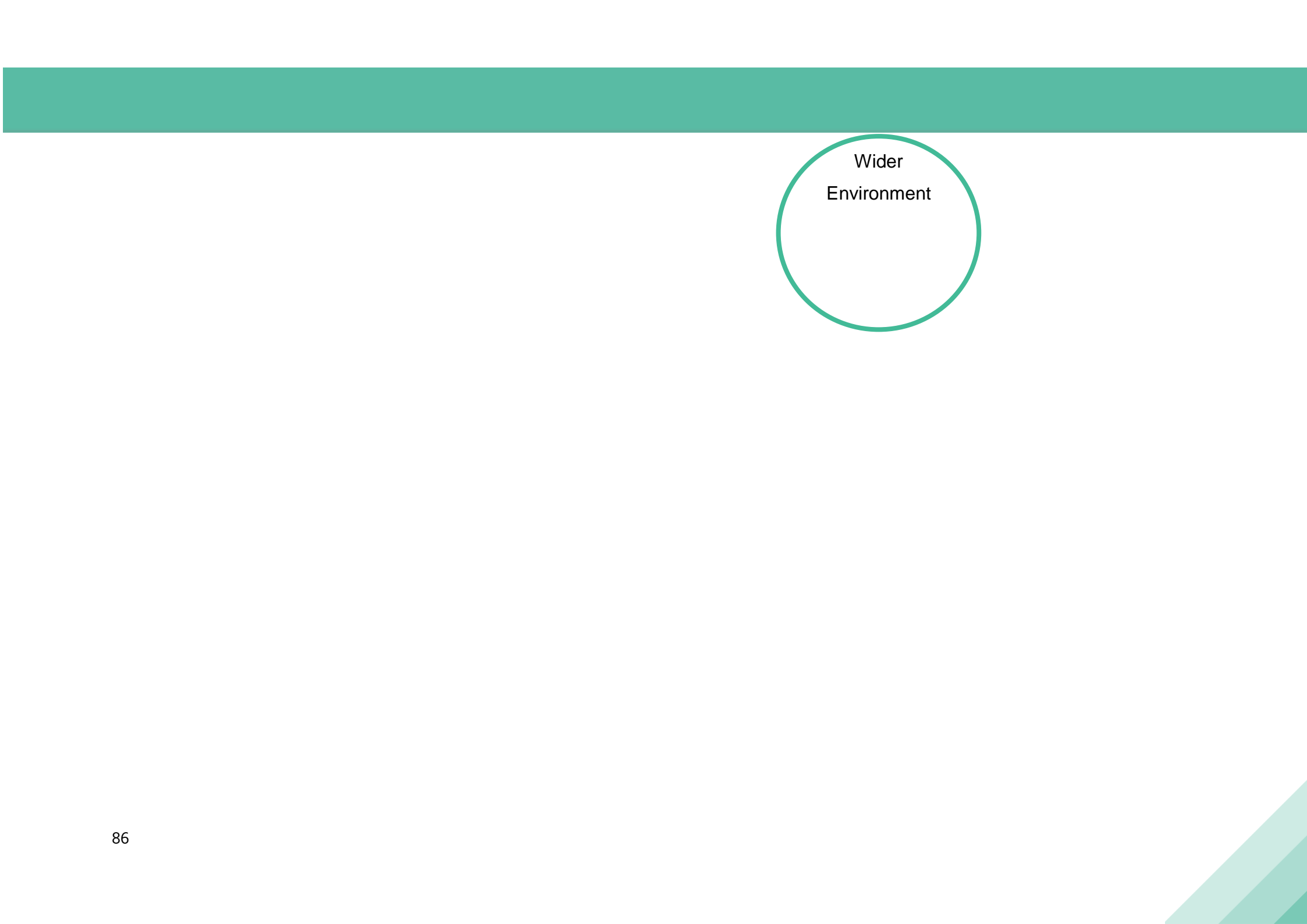
Date:	Time:	Place:	People Involved:	
Description of what happened:				
Triggers:	Behaviours		Consequences	
	Internal	External	Direct	Indirect
Date:	Time:	Place:	People Involved:	
Description of what happened:				
Triggers:	Behaviours		Consequences	
	Internal	External	Direct	Indirect

Date:	Time:	Place:	People Involved:	
Description of what happened				
Triggers:	Behaviours		Consequences	
	Internal	External	Direct	Indirect

Date:	Time:	Place:	People Involved:	
Description of what happened				
Triggers:	Behaviours		Consequences	
	Internal	External	Direct	Indirect

Profile of Influences of Behaviour





Wider
Environment

Attention Deficit and Hyperactivity Assessments



Attention Deficit and Hyperactivity Disorder Checklist

Inattentive ADHD

To be diagnosed as this type the child must display at least six out of the nine criteria listed below:

- ☐ Lack of attention to detail
- ☐ Appears to not be listening
- ☐ Fails to keep on task and pay attention to the task
- ☐ Easily distracted
- ☐ Forgetful
- ☐ Often loses the things that are needed to complete a task
- ☐ Avoids tasks that involve effort
- ☐ Makes careless mistakes (fails to check over work, rushes to complete work without caring that it is correct)
- ☐ Unable to follow or understand instructions

Hyperactive-Impulsive ADHD

To be diagnosed as this type the child must display at least six out of the nine criteria listed below:

- ☐ Often fidgets
- ☐ Will move around when they should be still (e.g. squirms on their chair)
- ☐ Standing up from seat frequently
- ☐ Talks a lot and talks when they should not be talking
- ☐ Interrupts others when they are talking
- ☐ Always moving around
- ☐ Climbs or runs inappropriately (i.e. when they should be able to determine that they are required to walk not run)
- ☐ Struggles to play quietly
- ☐ Does not wait for their turn

Combined ADHD

This is the most common type of ADHD. People with this type will have symptoms (six or more) across both Inattentive ADHD and Hyperactive-Impulsive ADHD.

Observation Record

Date	Incident or Behaviour

Autism Assessments



Autism Observation Record

	Evidence
Social Communication	
Social Interaction	
Repetitive or Restrictive Patterns of Behaviour	
These differences have been present from the child's early developmental period.	

Difficulties cause significant impairment to the child's life	
The difficulties are not better explained by other developmental delay or learning difficulty	

Record of Need,
Individual Education
Plan, Lesson Plan
Template, Admissions
form and Supervision
Record



Record of Need

Child's name:	Child's Date of Birth:
Assessor's name:	Date Record of Need accepted:
	Date Record of need to be reviewed:
Overview of child (Include details about the child including age, likes, dislikes, is good at, family make up, etc)	
Reason for Assessment (Explain why this child was referred to you for an assessment)	
Assessments and Observations that have been completed: (List all of the assessments and observations that have been used to complete this report, where appropriate please include scores and results)	

Educational Needs

(List all of the child's specific educational needs and any diagnosis they have. Include any other needs that may impact their education)

Recommendations

(List all recommendations for support, school placement and any additional services that may benefit the child)

Individual Education Plan

Child's Name:	Date of Birth:	Class:	Teacher:
Educational Needs			
Targets to be met	How targets will be achieved	How targets will be assessed	Evaluation (teacher)
1.			
2.			

3.			
			Signed: _____ Date: _____
Evaluation / Comments (parent)			
			Signed: _____ Date: _____
Evaluation / Comments / Drawing (child)			
			Signed: _____ Date: _____

Lesson Plan

Date:	Teacher:	School/Centre:
Lesson Objective:		
Lesson Aims:		
Child name	Special need to be met	How the lesson will meet need
Lesson Overview:		
Resources needed:		

School admission form

Child Name:		Date of Birth:	
Home Address:		Name of Parent(s):	Contact telephone number:
		1.	
		2.	
Previous School (address and contact details):			
List any known medical conditions:		Name of child's doctor and contact details:	
List any known educational needs or learning difficulties:			
List what your child likes or enjoys (this will help the teacher to plan lessons and resources for your child):		List what your child does not like:	
Has this child had difficulties with their learning in the past?	Yes / No / Not sure (delete as appropriate)	If yes, please explain:	
What do you think your child needs help or support with?			
Signed (parent): _____ Date: _____			
Date child accepted to school / centre: _____ Signed (staff): _____			

Supervision Record

